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THE RESPONSIBILITY OF THE COMMUNITY AND THE HOSPITAL IN THE ESTABLISHMENT OF NURSING SCHOOLS [1]

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PERHAPS a subject better defining what I should like to say to you would be the responsibility of the public to nursing service and to nursing education. One cannot well be discussed without reference to the other and the obligations of the public differ widely toward each.

Professional education and institutions of learning for technical training are of recent origin when compared with the practice of any calling, even though that practice may have been a very crude precursor indeed of modern methods and ideas. The healing art was practiced long before schools were established to teach it; and nursing, while new as a profession, is as old as the race itself. Professions recognized today have all evolved from simple beginnings. Their evolution has been a direct result of a public need or a public demand. The need has always preceded public provisions for training. One might naturally conclude then that since the various professions have come into being and have continued in order to satisfy a demand on the part of the community for service, that the public has certain obligations and responsibilities to these groups and to the individuals composing them.

THE chief responsibility of the community to nursing which indeed may be the only one, is to provide a training which will enable the nurse to give the best service in her power to answer the demand of the public. The public has been sadly deficient in meeting its responsibilities in this respect.

The public or community responsibility however, on analysis, appears to be a purely selfish one. The combination of community need and individual desire to serve accounts for the filling of the ranks of various callings. whether they be trades or professions. Labor demand creates the labor supply. The demand satisfied, supply automatically is cut off. It there is an over supply in any one line individuals find employment in other fields. If the supply is not adequate to the demand the increase in emolument usually creates ultimately an additional supply. Highly

[1] Read at a joint evening session at the Detroit convention, June, 1924.

specialized labor under great demand assumes that the world owes it a living. The natural reaction of man is to take much and give little. When adversity comes, it is not ordinarily accepted with fortitude but the most arrogant bow in the end to the inevitable. It is quite the same with the professions as in commercial and industrial enterprise. The merchant renders a public service in the distribution of commodities necessary in the every day life of the people. He takes his reward in the form of profit. If he is sagacious, his profit is large; if he is unwise or if he misjudges the demand, his profit turns to a loss. If the losses are extensive enough, he can no longer continue his business. The individual who enters a profession does so usually from mixed motives. He desires to serve humanity and incidentally, in serving, to make his livelihood and to participate in the further reward, intangible though it may be, of the satisfaction of serving his fellow creatures. The public does not usually compel the individual to select any particular trade or calling. It is a matter of choice entirely. He takes his own chances and assumes his own obligations. If he were compelled to select any particular calling, then the community applying the compulsion would be morally obligated to look after the individual, but the community recognizes few obligations to him. It is largely a case of the survival of the fittest.

As professions, individually or collectively, we have no vested rights; the public needs determine our right to existence. The public is not concerned with what we may feel are our individual or group rights. The only right the public recognizes is our right to serve if our service is needed. Our real preferences, our professional traditions mean nothing to the public. If we limit or outlive our usefulness we can expect nothing from the community. We may as well recognize that life is relentless. The individual means little. By and large he is great or small only to himself. He may be a factor in human existance. Events may be determined or influenced by a master mind, especially in some crisis, but the world goes on just the same. However much they have moulded the destiny of the world, the great names of history are only names. To individuals life holds nothing and accounts to none. Organized humanity owes itself existence, perpetuation of the race, improvement. Amelioration of suffering is one of the important functions of an organized society. Justice and education are others. The obligation of society to its members collectively is perhaps best illustrated by the obligation of the individual to himself and to humanity to develop his social qualities or latent powers or abilities to serve in the measure of his natural endowment. My point is that the obligation and responsibility of the community to any professional group is purely in its own interest. Now if the community owes nothing to the individual member of the profession or even to the profession itself, it owes it to itself, in order to be assured of the highest type of service from any profession, to establish the best training possible for those who embrace it. This responsibility is inescapable.

The public interest then must be our direct concern. Although it is perhaps safe to assert that nothing which is bad

for the medical or nursing professions is good for the public, on the other hand anything that is of permanent benefit to the public will in the end be good for us. Opposition and reaction must often be endured as a test of real value. If our principles are sound and our service valuable, we will endure. The same immutable laws apply whether our calling be lowly or exalted. It is true that special privileges are enjoyed by those who follow the higher walks, but these privileges are paid for largely in increased responsibility. Very often we are protected by law in the pursuit of our vocations. Frequently we look upon this protection as the fulfillment of an obligation on the part of the community to us as individuals or as groups, whereas the protection is instituted by the public for the public benefit. All legislation providing for registration and licensure is primarily for the purpose of public protection against incompetent service. At that the credulity of the public results in the legalizing of many only partially qualified practitioners and, often, of out and out impostors. The community needs are such that in order to supply the service demanded it is necessary in most professions for the individual members to pass through a relatively long period of highly specialized technical training. Formerly an imperfect training was obtained not in educational institutions but through the preceptorial or apprentice systems in which the individual received his preparation from the direction and example of a practicing member of a profession. The training was not adequate to meet the need and thus the community has been forced to establish expensive institutions for the sole purpose of offering the best quality of instruction possible under our complex modern civilization.

What then is the status of nursing and nursing education in the light of the public need for the ministration of the nurse? Nursing has been undergoing a rapid transition. Is it coming or going? It must be one or the other. If there is a public need, nursing will stay. If the public need exists only in the estimation of its advocates, it will not survive. If some particular kinds of nursing are needed they will endure and only the kinds that are needed will continue. Who will supply the need? Will it be the "super-nurse" with university education, the garden variety of bedside nurse with a hospital apprenticeship as a preparation, or will it be a trained or untrained domestic, a servant type? Whichever it is, it will exist because of the public need. While few of us are dogmatic enough to assert that we know what is best for the public, those who have made a careful study are entitled to an opinion and to the right of expressing it. It may safely be asserted that there always will be a need of nursing service, at least as long as illness continues. There always has been, although the need has not been supplied. If past history is any indication, the practice of nursing will require a highly technical specialized training. Any calling requiring such special education becomes in reality a profession. No one will contend that if the preparation unfits a nurse for nursing that it is not faulty. There is a good deal of complaint on the part of the public generally and of physicians, that nursing service is not what it ought to be. There seems to be pretty good ground for criticism. While the brief history of nursing

education shows in its advocates the finest idealism built primarily on the desire to minister to the needs of mankind, it cannot be denied that the standards have not always been what they ought to be. There is a good deal of justification for the charge that trade unionism aspirations have been the highest possessed by many of the individuals practicing nursing today. It has been too much a question of hours and pay. I am not defending a policy which requires the nurse to make herself a living sacrifice. She is entitled to consideration but if she is to consider herself a professional worker, aside from having proper educational preparation for her work, she must find her interest primarily in her service and not in its pecuniary reward.

That nursing may, in some instances, have been given a bad name is not the result of a wrong attitude of the leaders of the nursing profession. The public expects altogether too much when we consider how little it has done to improve conditions surrounding the technical education of the nurse. The majority of nurses in practice have had very limited opportunities for education. Hospital training schools have been wretched examples indeed of what we ordinarily consider institutions of learning, especially when compared to university professional schools. If the attitude of the average nurse is selfish or unsocial, ignorant or unprofessional, we, the public, who criticise must be brought to realize that we alone are to blame. The old fashioned nurse of tradition, who existed in fact, had the finest attributes of mind and soul. We see it in the leaders in nursing today in whom as noble a spirit of altruism exists as in the leaders in any calling. In being thus plain-spoken with you, it is not to criticise not to assume superiority. The scale of prices of the nurses' registry is no more to be condemned than the fee schedule of physicians which is often printed and exhibited in their offices for the perusal of their patients. When the official organ of a state medical society in large print carries in a box at the head of its editorial column the following, "Report malpractice threats immediately to Dr.——, address ——" and then derides the advocates of higher standards in nursing as irresponsible socialists, it looks a little like the pot calling the kettle black.

The chief responsibility of the community to nursing which indeed may be the only one, is to provide a training which will enable the nurse to give the best service in her power to answer the demand of the public. The public has been sadly deficient in meeting its responsibilities in this respect. Clearly to understand the responsibilities of the community for nursing education, we must know the needs for nursing service for which the training is the preparation. As set forth in the report of the Committee on Nursing Education, three general types of nursing service seem to be required; first and most important, that which provides for the care of the seriously sick at the bedside; second, a more highly specialized type which will provide for leadership in executive positions in hospitals, teaching in nursing schools, leadership in various public health fields and visiting public health nursing; and third, that which will supply trained but not expert workers who may assist the nurse and the physician in the care of patients not seriously ill.

The report of the special committee

on nursing of the American Medical Association presented a year ago at San Francisco clearly endorses the findings of the Committee on Nursing Education and both committees seem to be in substantial agreement on all of the important points. The report of the Committee on Nursing Education sets forth in conclusion:

> That for the care of persons suffering from serious and acute disease, the safety of the patient and the responsibility of the medical and nursing professions demand the maintenance of standards of educational attainment generally accepted by the best sentiment of both professions and embodied in the legislation of the more progressive states and that any attempt to lower these standards would be fraught with real danger to the public.

This means that nothing less than the preparation offered in the best training schools today is sufficient to meet the requirements of modern service to the sick at the bedside, whether in homes or in hospitals. If this is warranted and it is not clear how we can escape the conclusion that it is, then it is the responsibility of the community and the hospitals which serve the community, to establish training schools with standards at least as high as the best hospitals recognize today. Such technical training is needed by every nurse no matter what her special field may be. It has well been called the basic nurse's training. Whether it is given in two years and four month or in three years is here beside the point. Only a small percentage of the training schools today measure up to the standards thus set. Even the best hospitals, faced with the idea of exercising the most rigid economies in their administration, are not prepared to offer courses of a quality which would measure up to modern educational standards. The situation is very well summed up in conclusion 5, of the Committee:

> That, while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are on the whole in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education, and that one of the chief reasons for the lack of sufficent recruits, of a high type, to meet such needs lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field.

Young women in sufficient numbers to meet the present needs for nursing service are not going to be attracted to hospital nursing schools as they now exist. A radical "bracing up" on the part of hospital schools has got to be effected. Hospitals generally offer every reasonable inducement but one, that one is the most important of all, educational opportunity. While decent living conditions go without saying, they are secondary after all. Other things being equal, the hospital of the future which maintains a waiting list of applicants for its training school will be the one that offers the substance of a real education and not the shadow. The teachers in this hospital will be qualified by special training for their important positions. The pitiable expedient of employing

an "instructor" to do the teaching in all its branches will be a thing of the past just as much as the teacher in the grade school who taught all the subjects through all the grades is regarded as a relic of a system long discarded. The hospital school preparation has been a training rather than an education. The term "nurses' training school" has been accurately descriptive. There are those, and many of them members of my own profession, who seeking relief from present unsatisfactory conditions advocate lowering of standards and a throwing open of the doors to an inferior type in an attempt to fill the ranks of nursing with numbers adequate to meet the demand for nursing service. Nothing could be more shortsighted. The effect of the adoption of such a policy would be just the opposite of the one desired. The product would multiply the faults and the much complained of attributes of the present group. If nursing is to be regarded as a semi-menial occupation young women even of a lower type of intelligence are not going to elect it as a life work. There are too many other opportunities. Nursing will not be regarded as a menial occupation. It will make its appeal to the finest type of woman as an opportunity to serve mankind. When nursing is put on a high plane and is respected by the public, recruits to its ranks will not be lacking. Until it is, the prospect is not encouraging. The hospitals are not entirely to blame for their failure to obtain recognition for the nursing profession. They have done the best they could with the means at their command. The system has been faulty and must be changed. It is the responsibility of the hospitals to enlist public support to the end that their training schools for nurses will be converted into real schools for nursing. As suggested in the report of the Committee on Nursing Education the establishment of university schools of nursing would have the effect of preparing a type of nurse whose services are in great demand at the present time to serve as teachers and leaders. It was not the thought of the Committee that more than a small percentage of the nursing profession would be prepared in such schools. However, it does not seem altogether improbable that university schools will be the rule rather than the exception in the future. That a system of university training for nurses would result in a body knowing too much and inclined to usurp the prerogatives of the physician is a charge born of ignorance and selfishness. None of us, physicians nor nurses, have mortgages on our jobs. If somebody can do them better, individually, in the parlance of the school yard, we are "out of luck," but it is unthinkable that even the intelligent educated nurse is qualified to render the service of the physician. The better educated and more intelligent she is, the more she will realize her own limitations. The better trained the physician, the more security he will feel in his own field and the less liklihood will there be for his believing that the nurse would try to take his place. Dr. Richard Olding Beard has said that no aspirant for nursing can be too educated, too wise or too good. This is not only good sentiment, it is good sense. That an educated nurse may be able to distinguish between good medical service and bad is no ground for assuming that she "knows too much." The present system of cramming the mind of the student nurse is

wrongfully termed education. A little knowledge is a dangerous thing. Humility comes with real insight which is the result of education in its truest sense. Learning and teaching are the same process. The real teacher is only a student who inspires others to become students. That many individuals have not the capacity for education is not to be gainsaid but the student nurse, whether she is trained in a hospital school or a university school, for bedside nursing or for teaching or public health work, who has not sufficient capacity for education should be saved the mistake of entering a profession for which she is not qualified and in which she would become a public menace rather than a community asset. Just as professional education in other lines is best conducted in universities, so we may reasonably assume that nursing education will flourish best under the same conditions and in the same environment.

If it is the obligation of the public to provide for its own needs, and if we interpret aright the public's needs for nursing service, it becomes the responsibility of the public to establish university schools of nursing because such schools will undoubtedly offer the best preparation of individuals to meet the needs.

Universities as public institutions have been slow to recognize their responsibilities to nursing education. The nurse is regarded as an interloper, even in universities which maintain their own hospitals in connection with schools of medicine, but the university school is now a fact accomplished. Progress may be relatively slow for a short time but it is the prediction of those who are best informed that before the lapse of many years, many university schools will be established. With all that has been said against her, God speed the day of the so-called "super-nurse," the nurse with professional ideals instead of trade unionism standards, the nurse who because of her education will be more keen to serve humanity than to haggle for a price. The educated nurse will confound her detractors. She is what they are looking for and they are too short visioned to know it.

The public must awaken to its responsibilities to pay the cost of nursing education in the future in the same way that it provides for the training in other professions. The student nurse must not be regarded as a cheap substitute. As a matter of fact she is not cheap, even now. Adequate budgets must be forthcoming for the financial support of nursing schools. The individual who is so unfortunate as to be the sufferer from illness may be expected to pay for his hospital care which includes nursing service but there is no more reason for requiring him to pay the cost of nursing education than there is to expect the house builder to step in and relieve the public of the cost of maintaining schools of architecture. Nursing after all is a public need. The cost of the service to the individual is properly borne by him, but only that part of the cost of the education of the person who renders the service which the individual may be expected as a member of society to pay, should be assessed against him.

As far as the so-called subsidiary nursing service is concerned, there are those who cannot altogether agree with the conclusions of the Committee on Nursing Education. The trained attendant is a domestic and not a nurse. She

does not render nursing service in the true sense of the word and while, in spite of a difference of opinion, there may be a distinct public need for the trained attendant, her preparation has no proper place in the discussion of nursing education. While physicians loudest in their denunciation of the over education of the nurse will rant about the need of just good ordinary nurses they will not employ attendants and they do not employ them precisely for the reason that they believe them incompetent to care for their patients.

Unless we are prepared to believe that the problem of the supply of numbers of nurses adequate to care for the sick who need nursing service is an unsolvable one, it is the duty of all who appreciate the seriousness of the situation today to awaken the community in its own interest to its responsibility for the future of nursing as a profession. It is a public responsibility to provide the means of education in all callings which serve mankind and particularly in those which have for their object the relief of suffering and the promotion of health. It is vital to the public interest to produce more Florence Nightingales, Clara Bartons, Adelaide Nuttings and Annie Goodrichs. Such public servants are all too few and while the school of experience has trained them, their inspiration has come from a deep idealism developed by real education. This kind of education can be had outside any institution of learning but the only way we know of providing it and attracting any adequate number of the highest type of women is to establish nursing education on a more substantial basis than it occupies today. In bringing home to the community, the hospitals and the universities their responsibilities, we must expect to encounter ignorance and opposition but to you certainly the effort will not seem impossible. You have responded in your brief history to every call to duty. You are experienced in receiving rebuffs, in suffering calumny. With increasing maturity, as Joseph Conrad might say, comes a developed capacity for suffering. Your efforts on behalf of nursing education have been signally successful despite apparent discouragements. Your leaders have been inspired by ennobling visions of ultimate triumph. The world needs sorely what they have had to struggle to give and it will not be long before the world will come to recognize its obligations to them and its responsibilities to itself by according to nursing education the same privileges and the same standards as exist for practically all other professional training.

REPRINTS

Reprints of articles in this issue of the *Journal* or in the Supplement may be ordered up to August 15. Orders must be sent to the office, 19 West Main Street, Rochester, N. Y. Price ten cents per copy unless ordered in large quantities.

The article "Breast Feeding" by Dr. E. J. Hunekens in our June issue has been universally commended and is recommended for wide use by all nurses doing Infant Welfare work. Reprints at five cents per copy may be obtained from the American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

A MOVABLE PERINEAL DRESSING TRAY AS USED AT THE ROBERT W. LONG HOSPITAL, INDIANAPOLIS

By Nellie G. Brown, R.N.

THE tray described was arranged in an attempt to avoid carrying a tray which must be placed on the bedside table for use.

The tray purchased is an ordinary butler's wheeled tray and is equipped as follows:

1. Hydrometer jar containing a pair of sponge forceps in 1 per cent. Cresol solution.
2. Enamel dressing jar with a layer of gauze in the bottom containing 18 9 inch sterile forceps.
3. Enamel dressing jar containing sterile cotton pledgets.
4. Enamel jar for soiled forceps.
5. Enamel jar containing ½ per cent. Cresol solution.
6. Package of sterile perineal pads.
7. Pin bowl.
8. Paper bag fastened at end of the tray.

The forceps are made of one piece of metal bent to form a forcep and are much cheaper and also much more durable than dressing forceps. These were purchased from the Moreng Iron Works, and have been used for some time at the New York Lying-in Hospital.

There is no basin for hand solution with the equipment owing to the close proximity of a lavatory, but this could be added, either by attaching a basin ring to the tray or by placing a hand basin on it.

Technic for Use of the Tray—

1. Place screen about the patient.
2. Fill lysol jar with warm ½ per cent. lysol. Wheel the tray to the bedside and place with the end containing the bag nearest to the bed.
3. Bring to the bedside a clean bed pan and cover.
4. Unpin the T-binder and draw the perineal strap well back from under the patient's hips.
5. Uncover and place the bed pan.
6. Remove the soiled perineal pad from above downward and place in the paper bag.
7. Fold the covers to the thighs, separate the knees and push the fold of the covers well down between the knees.
8. Uncover the sterile graduate of ½ per cent. Cresol solution. Take the sponge forceps and place 4 to 6

sterile cotton pledgets in the solution.

9. With sterile forceps remove four perineal forceps from the enameled jar and place them in the graduate containing the ½ per cent. Cresol solution and the pledgets. Replace the sponge forceps in the hydrometer jar.
10. Pick up a cotton pledget from the Cresol solution with perineal forceps. Sponge the inner surface of the right labia from above downward toward the rectum. Drop the soiled pledget into the paper bag and place the soiled perineal forceps in the jar labeled soiled forceps.
11. Repeat this technic, sponging the left labia downward toward the rectum.
12. With the third forceps and pledget, sponge downward directly over the vagina.
13. With the fourth forcep and pledget, sponge about the rectum.
14. Apply the sterile perineal pad. Remove and cover the bed pan. Place it on the chair and pin the patient's T-binder. Replace the covers. Carry out the bed pan. Note the contents and empty.
15. Wheel tray to utility room, boil the soiled forceps and replace them in the jar. See that the tray is set up for the next perineal dressing.

The forceps are cleaned with Bon Ami, all jars emptied, washed and boiled, every morning. During the next 24 hours forceps are cleaned and boiled after use and supplies are replenished as necessary.

DIET IN THE TREATMENT AND PREVENTION OF PELLAGRA

1. Eight well-marked though not very severe (mainly dermal) cases of pellagra were treated with fresh beef as the only therapeutic element in the diet.

2. In all eight cases clinical improvement followed the inauguration of the beef treatment.

3. In four of these cases the treatment with beef followed an unsuccessful period of treatment with gelatin, the contrast in results tending to emphasize, on the one hand, the inadequacy of gelatin, and, on the other, the therapeutic potency of fresh beef.

4. The preventive value of milk was tested by daily supplementing the basic diet of a group of 29 inmates of the Georgia State Sanitarium with approximately 40 fluid ounces (1,200 grams) of buttermilk.

5. None of these patients developed any evidence of pellagra at any time during the period of observation, which, for 25 of the group, lasted one year, although it is believed that without buttermilk or equivalent supplement upward of 40 or 50 per cent. of the group would have developed pellagra within a period of three to eight months.

6. Fresh meat and milk contain the essential pellagra-preventive factor or factors.

7. It is estimated that about 4 to 4½ ounces (125 grams) of fresh (lean round steak) and not over about 40 fluid ounces (1,200 grams) of buttermilk will suffice to prevent pellagra in all but very exceptional instances.

8. Fresh butter (from cows largely pasture fed) ingested daily in quantities averaging 125 to 135 grams (butterfat 100 to 110 grams) failed to prevent pellagra in several instances in which it was tried.

9. Cod-liver oil ingested daily in quantities averaging upward of 2 grams per kilo of body weight failed to prevent pellagra in several instances in which it was tried.

10. The primary etiological dietary factor in pellagra is a faulty protein (amino acid) mixture, a deficiency in some as yet unrecognised dietary complex (possibly a vitamine), or some combination of these.

"Diet in the Treatment and Prevention of Pellagra"
United States Public Health Report January 18. 1924

NURSING CARE OF HEAT EXHAUSTION, SUNSTROKE AND HEAT STROKE

By Loretta M. Johnson, R.N.

DURING protracted heat waves many persons may become physically depressed. They are unable to take nourishment or to do any work. In children there are gastro-intestinal disturbances and fever. Aside from this general lassitude, however, there are definite types of heat prostration which are more serious in their effects. Heat exhaustion, sunstroke and heat stroke are three definite forms and while heat exhaustion and heat stroke are produced by the same conditions, their symptoms are very different, and different treatment is indicated.

Heat exhaustion, it is thought, may be due to paralysis of the vaso-motor center in the medulla, thus disturbing the heat-regulating mechanism of the body. This condition may result from exposure to excessive heat, either from the sun, or it may be from artificial heat, such as we frequently find in a poorly ventilated room. The symptoms begin with giddiness, a staggering uncertain gait, nausea, the heart's action is poor and the pulse small; the patient is pale, and may become unconscious quickly. There may be profuse sweating, but the skin externally is cold and clammy. If the temperature were taken it would be below normal. The severity of these attacks differ. They may be very slight, such as we often find in a poorly ventilated room and when given fresh air, the patient recovers rapidly. In the more severe cases the patient becomes unconscious, and may finally lapse into deep coma followed by death.

In the treatment of these cases it must be remembered that the patient presents all the symptoms of collapse, and every effort must be directed toward raising the body temperature and treating for collapse. The patient should be placed in a recumbent position, with the head low; plenty of fresh air should be freely admitted, but care should be taken to avoid drafts. There should be no restriction by tight clothing. External heat is applied in the form of hot blankets, hot water bottles or electrical pads, a hot bath or pack. Hot enemata are very effective. Hot tea or coffee may be given to drink. Caffein or Strychnin may be ordered by the doctor. The body temparature must be closely watched in order to avoid an elevation above normal, which often results from the use of hot applications. Every effort should be made to build up the general health, and this can be accomplished only by rest and quiet, until the patient is fully recovered. Diet plays an important part in the recovery, and tonics are frequently ordered to increase the appetite.

Sunstroke

Sunstroke or Insolation is the result of exposure to the direct rays of the sun which chiefly affects the head and neck due to the fact that they are least protected by clothing. The rays from the sun act powerfully on the body by elevating the temperature, and by exciting the brain and all the nerve centers.

The patient may be overcome, struck down and die within an hour, presenting all the symptoms of heart-failure,

dyspnoea and coma. The more usual form comes on during exposure, the first symptoms being a peculiar pain in the head, followed by dizziness with a marked feeling of oppression, at times there are nausea and vomiting, diarrhoea and frequent micturition. A temporary insensibility may follow, or it may deepen into a profound coma. The skin is hot and dry with no perspiration. The face is flushed, the temperature is very high, ranging from 105° to 110° and has been known to go even higher. The pulse is rapid, full and bounding. The breathing is deep and labored and occasionally becomes stertorous. A complete relaxation of the muscles is usually found, although convulsions and twitching have occurred in rare cases. The pupils are dilated at first and finally become contracted. In the more severe or fatal cases, the coma deepens, and the pulse becomes more feeble and rapid, the breathing becomes rapid and shallow. The fatal termination of these cases has occurred within twenty-four hours. The return of consciousness and a drop in temperature are very favorable indications for the recovery of the patient.

In successfully treating sunstroke, the first consideration is directed towards lowering the temperature, and one of the most effectual methods of accomplishing this result is by the use of hydrotherapy. The patient should be placed in a bath of tap-water to which plenty of ice has been added. Constant friction should be employed as there is a danger of the patient becoming chilled rapidly and of the temperature falling below normal. The body temperature is taken frequently by rectum. When the temperature has been reduced to about 102°F, which usually occurs after the patient has been in the bath anywhere from ten minutes to one-half hour, wrap the patient in sheets, and place him in bed, in an airy, cool, quiet place. The patient's temperature usually begins to drop and may continue to do so, going as low as 95°F. The patient should be closely watched throughout these treatments for symptoms of collapse. On the appearance of any of these symptoms discontinue the hydrotherapy and use measures for combating shock. Very often when the cold applications are removed, the patient's temperature is likely to rise again. If the temperature is still elevated, an ice cap should be applied to the head, and cracked ice given by mouth. If the temperature is around 103°F, a cold sponge bath should be given, or a cold wet pack may prove effectual. But if it continues to rise above 103°F, the patient should immediately be placed in a tub of cold water. Some physicians have used the iced enemata with success, while their value is considered as doubtful by others. As long as the emergency exists, stimulants are given freely, and should be given hypodermically. Some doctors prefer to give them intravenously. Even though the temperature is reduced permanently, the patient requires careful nursing on account of the danger of meningitis, or a cerebral congestion. Secondary changes and an interference of the brain function have occurred, therefore an ice cap should be kept on the head constantly.

At first the diet should be liquid, and should be forced upon the patient; lemonade, orangeade, fruit juice, albumen water, and all of the drinks made from milk, such as eggnog, cocoa, and milk

shakes, should be given every two hours, from six to eight ounces at a feeding. If the patient is unable to swallow, a proctoclysis with glucose and sodium bicarbonate, 5 per cent. of each, should be employed. The temperature of the solution should be 120° F, regulated at a rate of 40 drops per minute. The solution is kept warm by surrounding the irrigating can or bag with two hot water bags at a temperature of 140° F and covered with a blanket. Two other hot water bags at 115° F are placed in the bed, through which the rubber tubing is passed. Proper elimination must be maintained as the bowels are very often the only tract left open. While the patient is convalescing, the diet should be light and nourishing. He should be kept in bed for at least forty-eight or seventy-two hours after the temperature and pulse have reached normal. If suffering from nervous involvements or a paralysis, massage is indicated with active and passive movements. Proper exercises should be encouraged and if possible there should be a change of environment.

One attack of sunstroke predisposes to another, so it is well to warn these patients against any undue exposure to heat. Many of these individuals show a permanent inability to stand high temperatures of any sort, and many of them are uncomfortable when the thermometer reaches 80° F in the shade. In others the slightest exposure to the sun causes them to suffer from headaches, faintness, nausea and vomiting. In the more severe cases, frequently the patient suffers from a loss of memory, an irritable disposition, peculiar conduct, and now and then we find motor lesions occuring, hemiplegia and paraplegia predominating. Coma occuring with a high degree of fever, serves to distinguish sunstroke from apoplexy, alcoholism and uremia.

Heat Stroke

Heat stroke differs from Sunstroke in that the person need not be exposed to the direct rays of the sun, but may be exposed to a high degree of temperature from any source, especially when the humidity is high, as in the case of heat exhaustion. Heat Stroke very often happens at midnight, in a poorly ventilated room, or in engine rooms of large boats. Unlike heat exhaustion, the symptoms resemble those of sun stroke and the same treatment is followed.

Following simple hygienic measures during heat waves will do much to prevent heat prostration. The skin must be kept clean by bathing frequently, the diet should be light and nourishing, as excessive eating and drinking of alcoholic beverages while doing hard physical labor is highly dangerous. Tea and coffee should be used sparingly, as these are vaso-motor disturbers. The clothing in the summer should be light, loose and airy, so as to permit free ventilation. If at all possible, the heavy work should be done in the coolest part of the day. Any anxiety, worry or extreme fatigue must be avoided. Particular attention should be given to the intake of fluids; at least twelve or fifteen glasses of water should be taken a day. It is most essential that the bowels be kept regular. An individual who has had an attack of Sunstroke should go to a higher altitude, where the air is cool and dry, during the summer months, if it is at all possible. If, while working in the sun, an individual feels any of the symptoms

of weakness, dizziness, a throbbing dull headache, or a heavy sense of oppression, he should stop work at once and take a cool bath, or if that is not obtainable bathe the head and the hands in cold water. He should then rest by lying down in an airy, cool, shady place, and rest quietly for an hour or two. The mortality due to heat prostration is probably not less than 40 per cent.

"WHATSOEVER THY HAND FINDETH TO DO DO IT WITH THY MIGHT"

By Emma van Cleve Skillman, R.N.

A STORY is told of a Roman Consul who wished to insult a political rival so he assigned to him the supervision of the cleaning of the streets. The rival refused to regard this act as an insult, but determined to make the position one of dignity and honor. After he had thoroughly organized this department he made a tour of inspection, each morning riding through the streets in his chariot. Soon there was a marked change in the cleanliness of the city and the position came to be regarded with honor. Thus the Roman glorified his job.

How often we nurses have jobs that need glorifying! Well do I remember a young probationer choking back the tears as she told me that a patient had just informed her that nurses were merely servant-girls with a little education. This opinion, I find, is shared by many, and so we must play the part of the Roman. To raise the job to our own level, we must fill it with ourselves, not taking as the limit of our efforts the accomplishment of a predecessor, nor the letter of the requirement, but making our limit our very best endeavor, and that in good measure, pressed down and running over.

I am thinking particularly of the private duty nurse, for she is so largely "on her own," to make each job, or case, what she will. The head nurse is on dress parade before the student nurses and is under the eagle eye of the directress of nurses. The directress is being watched by the trustees, and is on dress parade before both the head nurses and the students; and so in other organized branches of our profession, supervision or competition or public opinion puts the nurse on her metal if, perchance, her own standards sag.

But the private duty nurse, though working under a doctor and in the employ of the patient, may do a great deal less than her best and still "get away with it." How often I have heard patients say of a nurse, "she discharged her nursing duties well but that is all I can say in her favor."

Doing private duty nursing with one's might touches upon several relations. First, of course, comes the relation of the nurse and her patient. If they are mutually attracted many problems are solved automatically. When this is not the case, a liking can usually be cultivated. It is quite possible to cultivate the habit of liking people. Furthermore, if the liking is upset one day, one can learn to forget and start over again

the next day. Even if things go from bad to worse, tolerance can be called to the rescue.

In the Litany of the Moravian Church we find this petition, "Make the bed of the sick, and in the midst of suffering, let them feel that thou lovest them." If we cannot love (not always being great hearted as the One to whom the petition is made) we can at least let them feel that we are interested in them. For though the nurse may perform her duty with irreproachable faithfulness, if she is cold and disinterested, the patient will feel it. Some nurses adhere closely to the rule of performing only those duties which come strictly under the professional requirements. There are, undoubtedly, very convincing arguments to uphold this rule. Very often, however, a willingness to transact a bit of business, or to do a trifle of mending or to perform a small household task will contribute so much to the peace of mind or the pleasure of the patient that it is the best medicine the nurse can give.

One time I had under my care a sweet young woman who had lost her first baby. Her heart was aching but her courage was high. The members of the family were all busy, and could give her but little of their time; consequently, I felt a special responsibility for comforting her. It was June and every day new flowers were blooming in the garden around her little cottage. I found she loved flowers and they became my allies. My patient looked forward to seeing what flower would decorate her tray and thus, being interested, her appetite improved and recovery was hastened. It takes thought and effort and tact and persistence to add the personal touch to nursing, but it is thus that we nurse with our might.

There are others to be considered beside the patient—the family and, if any, the domestics. All nurses have felt the difference between families that help and those that hinder. I bless the memory of the mother of one small patient of mine who helped make my work effective. It was zero weather and cold sponges were ordered for the child. The mother was always ready to leave her work so as to soothe and quiet her little daughter during the ordeal. Thus good results were obtained at a very critical time. Often a hindering family can be won over to become a helping one when they find that the nurse is really interested and that their dear one is not merely " a case" to her.

More often than not, families feel a great burden lifted from their shoulders when the nurse appears, and place the greatest confidence in her. This lays upon us the responsibility of living up to that confidence.

The nurse's relation with the kitchen force is, unfortunately, often strained, as many of us know to our discomfort. To the average cook, a white uniform has the same effect as a red flag waved before a bull. But who can blame the cook! Irregular and extra meals, a stranger in the household, intrusions in the kitchen at all hours, are some of the inconveniences that spell the word "nurse" to the cook. Tact, consideration, and a friendly manner will often change hostility into coöperation, or, at least, will lubricate the strained relations.

So the story runs—Give, give, give freely and of our very best with no more thought of ourselves than is necessary.

When we give first-class nursing plus the personal touch our part of healing is almost boundless in its scope. "This is my work; my blessing, not my doom."

But what of our rest and recreation? Particularly applicable to the private nurse is the old adage: "Work while you work, and play while you play, then you'll be happy the live-long day."

The time between cases should not be spent in a haphazard way, but should be carefully planned to include both rest and recreation. In short, we should play with our might.

The private duty nurse should have more vacations than her sister nurse in the hospital because of her longer hours while on a case. She is paid at a higher rate than the institutional nurse because the patient must pay her not only for the time she is on the case but for the time of rest needed to regain the vigor and freshness she had when she came on the case.

Some may find more pleasure and profit in other forms of recreation, but to me, it seems, that travel is the ideal one for the private duty nurse. It is education, investment and recreation all in one. To get away to a new place, without cap and uniform, where no one knows you wear one, where you can be yourself, and sleep without thought of someone's dependence on your care; this is indeed relaxation. New scenes, new faces, new pleasures and new thoughts engender new vigor and new ideas. There may not be sufficient funds in bank for a long trip, but what fun we can have planning even a short trip and what beautiful pictures it may bring to hang on memory's walls!

The reasons why I consider travel to be of special benefit to nurses are these: First — If a patient has travelled in the same direction much pleasure is derived from talking over the places visited. Second—If a patient has not travelled she can be entertained by little tales of other places. Third—In the darkness of night, or the tedium of watching over an unconscious patient, the mind of the nurse will be refreshed by recalling travel experiences and happy memories. However we may spend our time of recreation, it is our opportunity to attain a happy frame of mind and mental and physical vigor, without which we cannot do our work with our might. So we make our life and our work what we will. As we improve or neglect our opportunities, we grow or retrograde.

"Count that day lost, whose low descending sun,
Finds at thy hand no deed of kindness done."

Not one deed of kindness, but many —and done with thy might.

PEPTIMISTS

A peptimist is an optimist who envisions much better things than are even now possible and has the determination, courage, abiliity and energy to go out and make his vision come true.

C. M. Sampson *in Physiotherapy Technic.*

THE ULTRA VIOLET RAY IN THE TREATMENT OF TUBERCULAR BONE LESIONS IN CHILDREN

By Mabel Smith Goulette, R.N.

THE Finsen Light (ultra violet ray) was named after Neils Finsen, a Danish physician, who first advocated its use in the treatment of disease. There were earlier workers in the ultra violet ray therapy, but he was the first to place it on a firm foundation, even though his apparatus was cumbersome and expensive.

The Alpine and Kromayer lamps in general use now, while expensive, are comparatively simple in construction and easy to manipulate. The ray is obtained by light or electricity passing through quartz crystal. The Alpine lamp is air cooled, while the Kromayer is water cooled. The ray does not penetrate to any extent, to a much lesser degree than X-Ray, for instance, and is easily and quickly absorbed.

Thus it becomes apparent for what forms of disease it may be used, i. e. skin lesions, abcesses, disease of the ear, throat and nose, and is especially valuable in tubercular bone disease, not because it cures the disease, but because it promotes metabolism, increases the red and white blood count and haemoglobin. It also stimulates the formation of new tissue and raises the calcium content of the blood.

For children with abcess formations and a discharging sinus, the water cooled Kromayer lamp is used at a distance of three inches for three minutes for the first treatment. If no erythema results, the length of the treatment is increased by two or three minutes at each treatment until twenty minutes is reached, then the distance from the lamp to the patient is decreased until the lamp is in direct contact with the abcess.

Smoked glasses must be worn at all times by both patient and nurse in the Violet Ray room, as exposure to the ray of unprotected eyes gives a painful conjunctivitis. In treating patients with the Kromayer, water cooled lamp, all surfaces around part being exposed are protected by black paper; first applying sterile gauze next to the skin. Great care must be exercised to prevent erythema, for if it does occur, all treatment must be discontinued until the burn is healed, and thus valuable time is lost. Some patients are particularly sensitive to the ray and can never stand the light in direct contact to the wound, while others bear it well. Some become used to it only after repeated applications, putting the light nearer each treatment until sure the patient will not burn.

The surfaces around the abcess are anointed with any soothing salve (such as boric) and if an erythema with blistering has resulted, Ammoniated Mercury Ointment seems to heal the burned area more quickly than anything else.

The air cooled Alpine Lamp is used for anaemic under-nourished children with a tubercular bone condition but no abcess formation. The patient is laid without clothing of any kind (as the thinnest material will absorb the ray) upon a table three feet directly below the arc. The first treatment given both anteriorly and posteriorly is for three minutes, increased three to five minutes

each treatment until sixty minutes is reached, then the lamp is lowered gradually each treatment until only eighteen inches from the patient. The patient will easily stand long exposure eighteen inches from the arc without burning.

In the entire body treatment with the Alpine lamp, there is no distinctive technic, beside protecting the eyes and making the patient as comfortable as possible. After the maximum treatment of two hours, a light lunch of bread and milk is given.

The children here love the treatments and look forward to them, playing a kind of game, by comparing notes as to how many minutes a day they are ahead of some other child who has just started the treatment.

The Rollier idea of sun treatment for tuberculosis has been followed in this hospital for years. Although we found the children did remarkably well in summer when they were able to be out of doors all day long, those with abcess formations having the abcess exposed to the direct rays of the sun did not do so well in winter as there were many days when there was no sun and it was out of the question to let them run about without clothes in this cold climate, as Dr. Rollier was able to do with his patients in Switzerland. The ultra violet lamps have solved that problem to a certain extent. Certainly there has been a marked improvement in the children under treatment. They have gained in weight, have better appetites and the general body tone has been raised to such an extent that they have more than a fighting chance against the tubercular trouble.

The ultra violet ray, of course, does not cure the tubercular joint disease, but judiciously and intelligently used in conjunction with proper diet, properly adjusted mechanical support to the affected joints, long hours of sleep, plenty of rest and fresh air, it has been found a valuable help.

QUESTIONNAIRES

Most busy people, especially those holding executive positions are all too familiar with the ubiquitous questionnaire. One such person stated that she had eighteen waiting on her desk for attention. If the "perpetrators" of questionnaires would be thoughtful enough to send duplicates of their outlines it would enable these busy people to keep records of the material compiled for further use and with minimum effort. It seems a courtesy that could very easily be extended.

THE ILLINOIS LEAGUE INSTITUTE

An Institute for nurses will again be held under the auspices of the Illinois State League of Nursing Education, August 18 to 29. The courses are planned to meet the demands of executives, instructors, public health nurses and private duty nurses. They include lectures on elementary psychology, principles of teaching and learning applied to nursing, sociology and public health nursing; and demonstrations and special lectures intended to illustrate points brought out in the first group and to demonstrate the most modern methods of treatment used in the best hospitals.

The lectures will all be given by highly qualified lecturers.

The Institute is open to all graduates of accredited schools. The tuition fee is $10.00.

Applications and all correspondence concerning registration and further information should be addressed to May Kennedy, Director, 6400 Irving Park Blvd., Chicago, Ill.

THE PRESCHOOL CHILD AS A HEALTH PROBLEM

By Arnold Gesell, Ph.D., M.D.

PRESCHOOL HYGIENE A NEW MOVEMENT

THE preschool child is being rediscovered. A few years ago the preschool period of childhood was picturesquely called the "No-Man's Land" in the field of public endeavor. It was pointed out that there were social provisions to protect the newborn infant and compulsory safeguards for boys and girls of school age; but that the toddler and runabout did not have our official concern. In the social sense of the term, the preschool years of childhood, particularly the years from two to six, were suffering from neglect.

But all this is changing now. The "No-Man's Land" is beginning to look like a frontier settlement. Outposts have been established. Surveyors are on the ground. Streets are being laid out. There is every indication that the health and development of preschool children are coming under systematic social control. This new movement in public hygiene, under the stimulus of the World War, is at present remarkably active, but it is not a boom. It appears to be a sound movement based upon principles of prevention and upon common sense foresight.

Health Significance of the Preschool Years

How can we afford to neglect the preschool years of life? The child is father of the man, but the preschool child is father of the school child, of the youth, and of the man. The preschool years are the most important in the development of an individual for the sufficient reason that they come first. We commonly say the children outgrow their childishness. But this is a false view. Children do not grow out of things; they grow into them. And they grow into more of their estate during the preschool years than during any subsequent period of their lives. From a medical and from a psychological standpoint, we may safely say that the basic lines of both physical and mental organization are laid down during the formative preschool years.

How could it be otherwise? When a shipbuilder builds a ship, he lays down the timber first, the trimming and rigging come second—often after the launching. What counts first, last, and most in the ship are her planking, her beam, her keel. How she will mind the rudder, how she will take the waves, and how she will weather the sea, are fundamentally influenced by what happened when she was on the stocks. In a more profound way still, the preschool years are fundamental to all the development that follows. This is when the individual is on the stocks.

The Medical Significance of the Preschool Years

The health significance of the preschool years can be quickly summed up. First of all, it is the period when death and disease pile up their biggest scores. One third of all the deaths of the nation occur below the age of six. There are ten times as many deaths during the half decade of preschool life as during

the following full decade of school life. Even physical accidents like being scalded, burned, injured, and run over by automobiles, bear with special weight on the preschool age. The susceptibility to infection is generally greater the younger the child. Over eighty per cent. of all cases of diphtheria and of all deaths from diphtheria occur before the age of five. Malnutrition, likewise, is more prevalent among preschool than among school children. Rickets, a disorder of nutrition, is almost as common as dental caries and is essentially a preschool diseases. Approximately fifteen per cent. of three thousand preschool children examined in Gary, Indiana, clinically, showed bony effects of rachitic origin. With few exceptions, the typical physical defects of school children, like malnutrition, and nose and throat conditions, are more prevalent among preschool children.

It is not our purpose to convey the impression that it is a great misfortune to be a preschool child. But we are trying to show that it is of all periods the most fundamental for a constructive health program. Health work here pays the highest dividends. The forces of prevention and guidance must be gradually shifted downwards to the nursery level.

Prevention of Malnutrition, Diphtheria and Rickets

Malnutrition, diphtheria, and rickets constitute three of the most powerful foes of early childhood. Nutrition work as it is now recognized should not be limited to infant welfare stations and to public school classes. There should be a continuous sequence of supervision which will reduce malnutrition to a minimum by the time of school entrance. It is most probable that diphtheria, like smallpox, can be conquered by a prevention procedure including the Schick test and Toxin-anti-toxin treatment. New York City is making a convincing demonstration of this possibility by focusing the work on the preschool child. Rickets, likewise, can doubtless be largely eradicated through fish oils and sunshine in any community which undertakes the task beginning with the baby's birth. The Federal Children's Bureau, with the coöperation of the Yale Medical School, is inaugurating a community demonstration to determine whether Rickets cannot be controlled in a certain section of New Haven.

Psychological Importance of Preschool Age

What is true of general physical development, is true of mental (and nervous) development. The brain grows at a tremendous rate during the preschool age, reaching almost its mature bulk by the age of six. The mind develops with corresponding velocity. The infant learns to see, to hear, handle, walk, comprehend, and talk. He acquires an uncountable number of habits fundamental to the complex art of living. Never again will his mind, his character, his spirit advance as rapidly as in this formative preschool period of growth. Never again will we have an equal chance to lay the foundations of mental health. From the standpoint of mental hygiene, the preschool period, therefore, appears to have no less significance than it has for physical vigor and survival.

Normal mental growth is not a matter of complete predestination, even in

infants. Disease, handicaps, distortions, many of them preventable, occur. Practically every case of mental deficiency is present and recognizable during the preschool years. Three-fourth of all the deaf, a considerable proportion of all the blind, one-third of all the crippled, and over three-fourth of all the speech defective come to their handicap during the preschool period. Numerous cases of mental abnormality, of perversion, of faulty habit formation and of conduct disorder have their roots in the preschool years. Our kindergartens and nurseries must reckon with many problem children, manifesting serious errors or defects in behavior development. One-fourth of all our school beginners fail of promotion at the end of the first year in public school. Retardation, abnormal prematuration, normal precocity, superiority, and normality, all tend to reveal themselves well before the child cuts his sixth year molar.

Social Control of Preschool Child Welfare

For all of these reasons we shall be compelled to bring the preschool years of childhood increasingly under social control. The ultimate protection of national stamina requires nothing less. How can this social control be accomplished? It has been hinted in some quarters that we might congregate all of our babies and toddlers in capacious state nurseries as we now compel all of our boys and girls to go to school. This would be a very convenient arrangement for calling the infant roll, for weighing and measuring, for regulation of diet, for the dispensation of codliver oil and sunshine, for diagnosis, for immunization, and even for instructing and training. It would be a decisive solution of the whole problem, but unfortunately the solution would be worse than the problem.

The Preschool Child as a Health Problem

After all we do not need to adopt any violently revolutionary measures in order to bring school hygiene under reasonable social control. The fundamental enabling statutes are already on the books of social legislation. Still better, the enabling traditions have already been established and the three groups of agents primarily responsible for child hygiene; namely, physician, teacher, and parent, are still ready to perform and share their duties; and the nurse is ready to coöperate with all three. The problem of organizing and administering an adequate system of preschool hygiene consists chiefly in bringing these three groups into wider and closer contacts. Instead of inventing radically new devices, we need only to utilize and adapt agencies which have demonstrated their value.

I shall try to indicate very briefly the natural lines of evolution under three headings: 1. Periodical Health Service; 2. Kindergarten and Nursery; 3. Parental Training and Guidance.

1. *Periodical Health Service.* Just thirty years ago Dr. Budin, a French physician, established the first recorded infant welfare station which became the forerunner of the child consultation center, the children's health center, the baby welfare conference, and all similar enterprises except, however, the Baby Show, which naturally was invented by P. T. Barnum in the heyday of his New York Museum.

The child consultation center is a simple device. Its essentials are a doctor, a nurse, a parent, and a child. Physician and mother hold counsel concerning the health and rearing of the child. Fifty babies and as many mothers may come in that afternoon to the consultation room, but each situation is a new and individual one. The schools may handle children in masses, but the doctor makes one examination at a time and directs his recommendations to one particular child. He supplements the knowledge and solicitude of the mother and, for a critical moment, the welfare of the child may be in his hands. If this oversight is repeated weekly and then monthly, and still later at semi-annual intervals, we have the realization of continuous preschool supervision. The whole drift of child hygiene is toward the development of such a chain of safety which will lead the infant securely from the crib to the school desk. Each successive examination and follow-up forges a link in the chain.

This periodical health service may be supplied either by community agencies or by the private practitioner. We have not taken into sufficient account the possibilities of developing such a supervisory health service through the practicing pediatrician and the family physician.

Instinct alone will not keep the maternal impulse fully alive and alert. We need minimum standards of development and guidance norms to sharpen parental perception. Malnutrition and physical defects have hitherto been the chief concern in this periodical health service. They ought to be the fundamental concern, but the time is rapidly approaching when we must broaden our present medical supervision to include the child's mental health and psychological development.

2. *Kindergarten and Nursery.* The American kindergarten is nearing its seventieth birthday. Whether it is to survive long the allotted three score and ten years is a question which may be raised in this connection. The friends of the kindergarten, among whom the writer would wish to be counted, believe that it has a prospect of much greater longevity. At present the kindergarten in this country reaches only one child out of ten from four to six years of age. It has, however, wielded an influence upon American education, far in excess of its actual enrollment.

The location of the kindergarten is a very strategic one. It occupies the frontier of the preschool domain and, because of its organic relations with the public school system, it is in a position to perform a great service in the development of preschool hygiene. In order to meet this vital opportunity, it must redirect its energies and, to some extent, readjust its present organization. Progressive kindergartens are demonstrating how this may be done without any sacrifice of educational idealism. The kindergarten of the future, if it is to serve adequately the demands which are forming, must not function as a sub-primary school room, but must transform itself into a flexible, versatile health-promoting agency. It must take on more semblance to a health dispensary and nursery and conduct its activities in close alignment with infant welfare and public health agencies. Indeed it should be converted into a child hygiene agency which will have a new concern for physical perfection and

mental development. To realize this destiny, it must gradually come more fully under medical and nursing influences.

In view of these possibilities the new nursery school movement, both in England and in America, takes on considerable significance. The nursery school as a public agency has received in England the official sanction of Parliament through the Education Act of 1918. In our own country, the nursery school is altogether on a voluntary and pioneer basis. One of the outstanding schools of this type is the Merrill-Palmer School of Detroit, which was established in 1921, and reflects the vision of its donor. This nursery is demonstrating the possibility of adapting medical and educational procedures more systematically to promote the development of children from two to six years of age and also to train present and future parents of such children.

It is too early to assess the work and the significance of the nursery school and, at present, we may regard it sympathetically as a kind of third party movement through which the full responsibilities and opportunities of the American kindergarten will be made more clear. We may not so much need the nursery school as an additional, independent agency, but we do need it as a stimulus which will bring the kindergarten to a full realization of its possibilities.

3. *Parental Training and Guidance.* Finally, the welfare of the preschool child will be ultimately dependent upon the character of his home and upon the intelligence of his parents. Even the administrative task of preschool hygiene resolves itself largely into a problem of parental guidance and pre-parental education.

From the broad standpoint of public policy, no more far-reaching measure in behalf of the children of the future can be instituted than a systematic and sincere type of pre-parental education, which will include future fathers as well as mothers.

By developing the possibilities of a periodical health service and by bringing this through the kindergarten into vital relations with our vast public school system, we shall be able to meet more completely the needs of the preschool children of the future, and of their parents.

PER CAPITA CONSUMPTION OF MILK

It will be many years before the per capita daily consumption of milk in this country reaches an altogether desirable amount, but let us for the present aim to teach the people so well that enough is used to allow each child under six one quart daily, and all the rest of the population a pint apiece.

—*Haven Emerson, M.D.*

MARKING RUBBER GOODS

The Ajax eyelet fastener may be used for marking rubber goods—ice caps, rubber sheets, hot water bottles, etc., by piercing articles with eyelets to designate the number of floor or ward (one, two or three eyelets as necessary). These show clearly and cannot be altered if taken from one floor to another.

—*Grace Scott, R.N.*

WHO'S WHO IN THE NURSING WORLD

XXXVI. EFFIE J. TAYLOR

BIRTHPLACE: Hamilton, Ontario, Canada. PARENTAGE: British (Scotch-Irish). PRELIMINARY EDUCATION: Hamilton Collegiate Institute, Wesleyan Ladies' College, Hamilton, Ontario. COLLEGE: Teachers College 1908-1909. PROFESSIONAL EDUCATION: Graduate in 1907 of Johns Hopkins Schools for Nurses. POSTGRADUATE WORK: State and Private Mental Hospitals, 1912. POSITIONS HELD: Instructor, Johns Hopkins Hospital School of Nursing, 1909; Assistant Superintendent of Nurses, Johns Hopkins Hospital, 1912; Director of Nursing, Phipps Psychiatric Clinic, 1912-1920; Director Army School of Nursing, Camp Meade, 1918; Executive Secretary, National League of Nursing Education, January to October, 1923; OFFICES HELD: Secretary, Maryland State Nurses' Association, Secretary, National League of Nursing Education, 1917-1919; Member of the Board of Directors, National League of Nursing Education, 1916-1922. PRESENT POSITION: Superintendent of Nurses, New Haven Hospital, New Haven, Conn., and Associate Professor, Yale School of Nursing. Author of various papers and pamphlets on nursing subjects.

EDITORIALS

EMILY A. MCLAUGHLIN, R.N.
Chairman of the Committee on Arrangements

IN DETROIT

IT was a mighty host of five thousand strong that gathered at Detroit; and deep and full, like the diapason of an organ, through all the meetings ran the theme of service through coöperative effort.

Can a convention have a soul? We think this one had, a shy, elusive, intangible, but withal a shining thing. Because of this spiritual quality we predict that the Detroit convention will go down in history as marking a new phase of our professional development, a development partially forcasted by Miss Fox in the closing sentence of her presidential address: "May there be peace, unity and concord between you and your sister nurses in other fields of nursing endeavor;" concretely stated by Mrs. Bolton when she said: "Will you not consider, among other matters requiring your deliberations, whether you cannot find a larger development for the future of your profession through a greater intimacy and an actual working hand in hand with the steadily increasing numbers of sympathetic and educated laity?" and humorously expressed by Dr. Vincent, who pleaded for patience in the slow process of educating the none too intelligent public which is made up "of such as you and I." It was the motivating idea underlying the addresses on Communicable Disease and on the Demands of Community Health Work.

In common with the rest of the world we have been going through a period of chaos. The effect of the Convention is bound to be steadying and out of coöperative effort we have faith to believe order will come. On the program were speakers from all parts of the country. It could hardly have been accident and we believe not merely by design, that one after another, each in his or her own way, emphasized the importance of sharing knowledge, of maintaining a generous and tolerant attitude, of persistent search for fundamental truth.

It was eminently fitting that the Convention should open with the vibrant address of former Associate Justice John H. Clarke, on Woman's Relation to World Peace. No other women in the world, not even the mothers of men, know the horrid wastage of war as we know it. No women have greater opportunities for turning their creative instincts to fruitful use if we see clearly and think wisely in our efforts to

promote understanding and thus to dispel the causes of war.

Nursing has many good and great friends in medicine but it would be difficult to conceive of a more able and sympathetic presentation of "The Role of the Physician in the Education of the Nurse" than that by Dr. Charles D. Lockwood of California. We recommend a thoughtful reading of that address to every nurse who is disposed to think that the coöperation between nursing and medicine is all on the nursing side.

From Monday to Saturday the meetings surged onward, no one getting everything but all getting something. The sense of actually belonging to such a group is alone worth many miles of travel. The program, carefully planned and with many joint sessions made a distinct contribution to the common body of knowledge necessary if all groups are to function harmoniously. The importance of our university schools may seem to have been overstressed. It was important that they should be so stressed at just this time. It is vital that they should develop soundly for from them will come much of the leadership of the future just as leadership in other important phases of our national life may be traced back to such centers.

No two persons will find identical bits of color in their mental kaleidoscopes of the convention. To many the most frequently recurring picture will be that of the gracious personality of the good fairy of the Cleveland school and her amazingly poignant description of the life of the student nurse. To others will come the picture of the Government Nursing Section, conceived at Seattle and born at Detroit, and the not-to-be-forgotten ovation to Major Julia Stimson who presided. Yet others will find their thoughts going back again to some social function or to a particular discussion such as that on Central Registries, too many of which are still described as "bedroom registries" instead of dignified and well managed business and professional organizations, to the demonstration of a communicable disease visit (a thing of which most of us, to our shame be it said, know nothing at all), to discussions of scholarships, of teaching helps, or of that backbone of our whole structure, support for schools of nursing. One thought every nurse must surely have taken away with her—that of Dr. George Vincent of the Rockefeller Foundation, who closed the convention and his speech with the wish that we might have "the time of our lives" in nursing. There is profound truth behind the oratorical use of that phrase for the woman in nursing who does not belive that she is having what is for her the best possible life, is in the wrong vocation and she and the world are the losers through her unwise choice. The Detroit convention will have served a most magnificent purpose if every delegate spreads the thought that nursing is real only if it is done whole heartedly and so devotedly that those who practice it have "the time of their lives" and in so doing enrich the lives of those with whom they come in contact.

Why Conventions?

OUR national conventions are growing so unwieldy that a question may properly be raised as to whether they really function efficiently. Probably every person attending the Biennial in Detroit had at least four objectives: a desire "to see the wheels go

round" and to participate in the actual business of our organizations; a search for specific and advanced information; a desire to renew friendships and to begin new ones; and perhaps most vital of all was the urge to renew enthusiasms and to catch the vision of those who dwell upon the mountain tops.

Long months in advance, the program committees worked to the end that these objectives might be realized. The work was well done but, as in all human relationships, those who have received most are those who went with a rich background and open minds and generous hearts.

The joint sessions were inspirational in the finest sense of the oft abused term. Section meetings and round tables were specific and discussion clear cut and to the point. Business was dispatched with celerity but never "railroaded." It was not easy to find one's friends or to make appointments for conferences. This was partly due to sheer mass and partly also to our intellectual greediness! We all wanted everything and it was far from possible for any individual to absorb it all. Definite choices had to be made and the very canny, with a few specific problems to be solved, contented themselves with attendance at the meetings promising most of inspiration and stimulation and spent all the intervening time on problems of personal moment. Each successive convention is "the greatest ever held." This is particularly true of the mighty conclave in Detroit.

A Debt

POSSIBLY delegates of the Democratic Convention, still in session as we write this, are working harder than did the delegates to our Biennial, but we doubt it. A national nursing convention begins to partake of the nature of an endurance test so avid are those in attendance for information, for thrills, for experience. Every delegate and guest knows her own weariness! We are moved to wonder if many appreciate the burden carried by the officers of our three associations.

They appear on platforms, suave, well poised, well gowned. They conduct meetings and are whisked away in automobiles. Whither? To luxurious rest? Not at all. They are rushed off to Board meetings, to conferences, to other platforms in order that all groups may be equally informed on important activities. Behind closed doors secretaries and chairmen of committees work feverishly in order to be ready for coming sessions. It is a very great honor to be an officer of one of the national nursing organizations, but the honors are not lightly worn and they carry heavy obligations. The presidents and secretaries who have so ably filled these positions were re-elected; in each instance a well earned tribute to service of a high order. Our debt, however, cannot be cancelled by re-election only. Our officers need and should have the thoughtful support of every member of their respective organizations. Further, we should not only lend individual support but should set about increasing the membership of each organization and then, when we meet with the National Health Council at Atlantic City in 1926, there will be shown to the world an army of health and peace such as was hardly conceived even a decade ago and that was not even dreamed of when the event Philadelphia will then be celebrating was consummated.

A Happy Lonesome

ONCE upon a time we asked a resident of a college town if theirs was not a lonely place after school closed. The prompt reply was, "yes, but it's a happy lonesome!" Michigan nurses must be lonesome now that the Biennial for which they have planned over a period of two years is an accomplished fact. Like a cloud of locusts we descended upon them in our thousands devouring in a week what had been set up through months of effort. For a week Detroit nurses were on duty day and night keeping the complicated machinery of that huge gathering moving smoothly. We do hope theirs is a happy lonesome, for Michigan entertained more than double the numbers attending any previous convention and did it with gracious hospitality and seeming ease. Only those who have participated in the actual operation of a convention can really evaluate the achievement of our Detroit sisters for the vast amount of detailed planning necessary was not apparent to those whose minds were fixed, not on how but on what was being done. A splendid program was splendidly executed and so to every Michigan nurse who contributed to the success of the convention we wish the leisure in which to enjoy "a happy lonesome."

And Then the Students—

THERE was an abundance of parties during Convention week, for breakfasts, luncheons, teas and dinners were given for Boards, for States, for Alumnae Associations, and for special groups such as the private duty nurses. The editor was the pleased recipient of a goodly number of invitations but the one of them all that made her fairly strut with pride was that to the first banquet ever given to student delegates at one of our national conventions. It was a graciously conceived and charmingly arranged affair, given at McLaughlin Hall and presided over by Margaret Casey, a student in the school at St. Mary's Hospital, Detroit. The program, consisting of toasts and music executed with spirit and enjoyment, was given entirely by students except for the small contribution of the lone graduate. Of the hundred and fifty young women at the flower decked tables, more than half were from without the borders of Michigan and some had traveled from the extreme East and from as far West as Denver. We had listened with pleasure to the student chorus on opening night and had experienced the never failing thrill that comes on seeing the massed loveliness of a large student group but it was with deep satisfaction that we looked into the faces of the student delegates. Eager, animated, excited and thoughtful by turns; one read into those contenances something of the spirit, the initiative, the leadership that had put them where they were and, so reading, sighed with satisfaction and thought, after all, the future of nursing is assured for these —these will "carry on."

Convention Proceedings

Unusual efforts are being made by all three nursing organizations to preserve and disseminiate valuable convention material.

For the first time the proceedings of the American Nurses' Association are being published as a supplement to the regular issue of the Journal. It is believed that those who make frequent use of such reference material will find the supplement a great convenience.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE RESPONSIBILITY OF THE UNIVERSITY SCHOOL OF NURSING TO THE INDIVIDUAL STUDENT, THE HOSPITAL AND THE COMMUNITY[1]

BY FRANCES P. BOLTON

TWO university schools of nursing have sprung into being since the last national nursing convention. Very quietly, two great universities have welcomed the profession of nursing and have taken the small-seeming yet infinite step that separates the departments of nursing within medical schools, women's colleges, etc., from the free, independent, self-determining school, a step which marks the beginning of a new era and consummates the dreams of half a century.

There is no need to trace for you the evolution of nursing through these fifty years, no need to point out the glaring faults of apprentice training which has been made so clear by the Rockefeller Report, as they do the desperate need of hands, as well as the economic necessities of hospitals which have themselves evoluted from being places to care for the sick poor into institutions to meet the needs of all classes, including the clinical requirements of medical schools —all this is too vividly a part of your lives to need any portrayal. Indeed it is still all too widespread an actual fact. But regardless of the time that must elapse before all hospitals adopt adequate training-school standards the fact shines out clearly that nursing training has come into its own and has taken it place in the field of education.

To insure ourselves against possible misapprehension let us take a moment to clarify our minds as to our conception of education. Modern education in the United States has tended to become merely the means of making the individual economically productive. Little emphasis, if any, is placed upon the development of the individual as a human being, as an all round, balanced citizen. Facts are crammed into the head at high pressure, and the mind that can evidence its ability to contain these facts is retained within school and college regardless of the character and heart and capacity for future growth of the individual along the lines of human development. This is not the interpretation that we can tolerate when we say with deep joy that university schools of nursing have placed this specialized training in the educational field. *Education* as we understand the word is *preparation for life*, and in a full, rounded, contributive life, the economic factor—though necessary—is but a fractional part. Therefore, we mean by education, the process of developing all the faculties of the body, mind and spirit and of preparing each individual for that special place in the kaleidoscope of life for which he is best qualified.

Nor is there any desire upon the part of any one connected with the establishment of these two university schools to confine the training of nurses, even in the distant future, within university walls. The mere physical limitations

[1] Read at a joint evening session at the Detroit convention, June, 1924.

preclude such a possibility. Yet it is readily seen that nursing training has been definitely recognized as of educational value and in consequence even the smallest training school acquires a new dignity and assumes a correspondingly greater responsibility.

As we step over this threshold of opportunity it behooves us to take an accounting, to analyze our hopes, to face or responsibilities, not because these have changed, but because they have been deepened and broadened and heightened. Every hope and every dream for the development of nursing through a more satisfactory method of training is based upon the cry of suffering humanity, upon the need of adequate care of the sick. The increasingly heavy demands of institutions and communities for nurses and for good nurses have made a situation that unfortunately has not simplified the problem. In order to secure numbers, compromises have been made on every hand, and these compromises have, in a measure, defeated their own ends.

The Vassar camp that the war gave us brought into the profession a large group of intelligent, purposeful young women, and the two years of their experience in the various hospitals of the country showed them and us how much we need women of their stamp, and how little we are really meeting standards of balanced training even in our best schools. It showed us also that nursing has a direct appeal to the very finest women of the country, not just to such occasional individuals but to large groups. The problem is—how to secure their interest.

The university training school is the direct and definite answer. By placing nursing training in the educational field it immediately becomes of new interest to the young woman seeking to prepare herself for a broad life of self-dependence and service whether she choose a university school of nursing or a regular hospital training school. If she chooses the regular hospital school she will seek out the one whose standards approximate most closely to university standards. Further than this training school committees and hospital trustees will realize that only a well balanced basic training will bring them the greatly needed students and the community will see that such standards of training alone will protect it from inadequately prepared nurses.

Because of the ramifications of the influence of these schools of nursing it it is my desire to try to interpret something of the sense of responsibility to the students, to the hospital, to the community, resting upon those intimately connected with their establishment.

What is the human material coming to the modern training schools? Half a century ago the women who went into nursing were of mature years, with an understanding of life, its complications, its possibilities. Their bodies had already been through tests of strain, their minds had met disillusion, their hearts had experienced both sorrow and joy. They took up nursing because they had learned to value human life. Today the student nurse is still in her teens, her body is in the process of maturing, her mind is but beginning to find itself, her heart is still in a state of emotion. She is wholly inexperienced, life looks very wonderful, rosy, filled with every brilliant prospect. She dreams of the joys of an ideal service

to humanity, she sees herself as a ministering angel. Of course she has no sense of the value of human life—how could she? She is too recently awakened for that, too throbbing with her newly discovered and still intangible sense of womanhood. Coming as so many do from communities where social life is tied up with the church, the breaking off of that association, combined with the fact that hours are of necessity such that new church affiliations are difficult to make, the student feels deprived of a normal outlet and divorced from accustomed counsel. She has become one of a group and for a time she loses herself, sensing little but her aching body, her dazed mind, her curiously cold heart. Perhaps homesickness has seized her in its clutch and utter darkness surrounds her; but that must not be allowed to keep her from her work. Who cares whether she is lonely or not? Who knows that every breath she draws hurts because it is not home air? To whom does it matter whether every experience brings with it a shock that life and death are so different from what she had imagined them?

Months pass, she becomes more accustomed. She has learned something of nursing procedures, her duties have taken on definite responsibility, too great, perhaps, for the time of preparation, considering her youth. Night duty! The terrible stillness with the strange, weird sounds that the sick make during sleep or in the long hard hours of wakefulness. The creeping cold, the insidious temptation to allow her normal desire for sleep to slacken her attention, conquered by an extra tour of the beds with a whispered word of reassurance to the patients whose dread of the long dark, increases rather than dispels her own. The lowering of her threshold to all the weaknesses of her nature, and oh! so little understanding of that nature or life to help her. Only those in whose lives is the memory of such experience can fully appreciate how it shakes the very foundations of being.

She goes from one service to another, finding some intensely interesting, others indescribably horrible. These follow so quickly one after the other that she has no time to digest them, to assimilate them. Always the pressure of work, mental as well as physical, for she must stand well in the classroom if she is to complete her course.

Fun there is, too, the happy intercourse of a sort of boarding school life with new friends and an enlarged horizon, though here, too, are shocks and re-adjustments—always with the background of sickness. So she comes to the end of her three years when she goes out into the world to serve humanity.

We all agree that the university school of nursing has a very great responsibility to these young things, all of them, everywhere, for whatever is set up within university walls will be followed in varying degree by all training schools. Youth is a fervent, vital, thrilling time, but it cannot evaluate life and service. Its ideals are in the clouds, its feet have not yet reached good mother earth. What must be a part of these years of training to protect the girl and to return her enthusiasm and her desire into the right way?

First—She must be given certain ideals for the understanding of *positive*

health of body, mind and soul, and those ideals must be made so practical that they become a modus vivendi as well as a norm by which to judge deviations. Second—She must learn to value human life and to appreciate the privilege of service.

To make these things possible, her education must be based upon what the community expects her to know rather than on what any particular hospital can give her, which involves living and working conditions that will enable her to build up proper habits of study, work and play, with protection against too heavy responsibilities before she is prepared for them. And further than that she should be taught to appreciate that all this is justified only on the assumption that it will enable her to render more worth while service.

Medicine and surgery have been occupied with the study of disease in order that society might be protected against the scourges civilization brings with it; all the energies of the profession have had to be expended in the effort to find the causes, supply antidotes and remedies, and to effect cures. So great has this task been that there has been no time left in which to study health. Only very recently has there been intruded into the minds of certain medical groups the idea that the future medical school must offer its students the opportunity to study and practice health principles and function. The public wants health, and its demands are growing more and more insistent. Especially is this true of women, for their function is to bear children, and they want healthy children. The external appearance of physical strength which is apt to be man's definition of health, has no attraction for woman. She wants that which will give her the endurance she needs to bear and rear children, and to take her place in the larger world that modern life has opened to her. She wants knowledge, not of the abnormal, the diseased, the evil, but of the laws that govern health and happiness. Man by his nature is a fighter and the crisis toward which he moves is death, either for himself, or the other fellow. Woman in her nature is the creator and the supreme experience of her life is birth—so her demand for a better understanding of life is one that cannot be stilled—nor can it be satisfied with panaceas. Necessary as it is that medicine should study disease, germs, serums, etc., is it not time that health be made a subject of intensive study and that a definite application of its principles be made possible to all men and women?

If there is any one group of people more than another that should radiate health it is nurses. If you have had the experience of illness you may have been cared for by a nurse who was always tired, worn, depressed, or you may have found the radiating smile, the bright eye, the clear skin, the steady strength of buoyant health. If you have experienced both, you know how great a factor this health quality is in determining the atmosphere of the sickroom, and you may also be able to weigh its direct contribution to the reëstablishment of health.

To my mind one of the first responsibilities of university schools as standard making bodies is to change the attitude of all concerned toward this matter of health. The first step in this as in all things is to do away with ignorance and in its place to put, not only knowledge

of health principles and law, but the demonstration of these by every student and every nurse, twenty-four hours a day. This is not an easy matter, for it requires teaching for which few are prepared. It would appear that the medical profession has little to offer us in this emergency for, as we have seen, its emphasis is placed upon disease, its nature and its cure, and for all the theoretical knowledge a doctor may posses of the functioning of a normal body, he has little understanding of how to have health and how to keep it, as it is outside his sphere, and he seldom applies the principles he may have known to his own body. Teachers of health for our young students should have thorough scientific knowledge of structure and function, but more important still they should know how to apply this knowledge, how to make it practical, how to teach it, *how to live it*.

Shall we find what we seek among the so-called physical culture teachers? Have they a sufficient background of anatomy, physiology, biology, chemistry, psychology and function to answer our needs? Just a course in gymnastic exercise will not be enough for our purpose, though even this is better than no emphasis at all on the student's own well-being. But perfunctory gymnastics do not insure health. And there is a definite feeling among gynecologists and obstetricians that there is every possibility of injury from the athletic form of exercise now in general use in girls' gymnasiums. A practical working knowledge of the natural laws of internal cleanliness, circulation, respiration and their daily use, combined with an understanding of and obedience to the laws of the inter-relation of mental and bodily function, and a realization of the limitless possibilities for self-control, self-development, self-mastery, that is the background necessary for health, that is what we want for the student. If she can be given a comprehension of the marvelous mechanism that is the "house we live in," and appreciate through actual experience the wonderful kindness of nature, she will have a reverence for her own body that she can acquire in no other way, and through that, a reverence for the bodies of others, and a sense of the sacredness and value of human life.

In order to accomplish all that we want through this education for health it must include the *practice* of the principles involved: bodily function, mental development and character building. "Character," says Stanley Hall, "can be defined as muscle habits." So by beginning our teaching with the body structure and function, applying those same great principles to the mind and through both to building character, by giving them such knowledge we shall be protecting them from themselves and from the temptations that freedom from the usual restraints has involved them in—and we shall be giving them a vision of the sacredness of that which we call life.

Again I feel impelled to insure ourselves against possible misunderstanding, through differing definitions. I do not use the word "knowledge" in the sense so often used in health matters by those who decry the "knowledge of life" that the young people have indiscriminately gleaned from heaven alone knows what sources, for this is not knowledge, it is information without wisdom. Knowledge is two sided—it

gives understanding because it gives both good and evil. It is based upon a true picture, upon science, upon reason.

Because our students today are so young it is clearly our duty to counteract the effects of their contacts with the results of the misuse of function by giving them a vivid picture of the results of right living, right function and a real capacity for happiness—that they may find knowledge.

Hospital atmosphere is another great factor in the life of a student, and it involves all the individuals who play a part in the network of its machinery from the trustee to the garbage man. If the members of the board of trustees are too concerned with other affairs to study hospital problems, if they place an over emphasis on financial returns, they quite definitely contribute an attitude that, as it goes down the line, grows into a curious disregard of the real center of activity, the patient, and he becomes a victim rather than the hub of the wheel. The medical staff plays a very important part in this intangible but powerful factor in determining the type of student that is developed. Men who have not certain fineness of feeling, who lack the humanities, exude a certain hardness and cruelty that leave a trail of acute mental suffering among the patients, and indirectly teach those qualities to the students. No amount of lecturing on hospital psychology, nursing ethics and the like, be that lecture ever so marvelous, will efface the effect of making rounds with a man who discusses the problem at the bedside, who intrudes the personal element, or who stoops to suggestive inuendoes. Men of this caliber are unfit to teach. We hope they are very much in the minority, and we trust that the medical profession of the future will be able entirely to exclude them from its ranks. The influence of men who, as the writer of The Corner of Harley Street says: "Take off their hats" to the marvels of the human body and the laws that govern it, who have found a reverence for nature in all her manifestations and who value human life because of that reverence, have an immeasurable influence over the student, as well as radiating it into every corner of the hospital.

Surely our university schools of nursing should face frankly this responsibility in the matter of teachers and insure their students against the unconscious influence of a bad atmosphere, securing for them the benefits of the good.

Girls who choose nursing as their career, though they may have but a vague idea of what they are involving themselves in, very definitely know that they must do without certain light hearted fun that their friends are experiencing. They give it up very cheerfully, feeling that they will find compensation in the sacrifice. But we who have the planning of those years of training must keep ever before us their need of normal, healthy, happy playtime to balance the exactions of their discipline. This regulation of the free hours is as important in its way as is the proper arrangement of theory and practice, and hand in hand with it comes the necessity for pleasant, wholesome living conditions. This does not mean luxury, but it does mean that the residence facilities shall be such that each student's rest time shall be protected from interruption and that she has an environment that spells health and happiness. The idea of self-sacrifice

for a principle is a most estimable one, and, as I have said, there is quite rightly an element of it in every student's heart, but if she has to stay herself upon it in order to keep up her courage, in order to bear the pressure of overwork, or inadequate play time, improper housing conditions, etc., she is in danger of being possessed by the idea that she is a martyr, that her life is nothing but sacrifice. Surely this is far from the actual fact. I feel certain that not one of you but knows that there is nothing so overwhelmingly soul-satisfying as the experience of saving life and leading a human being back to health! So let us not run the danger of the student starting her nursing life with the wrong conception. Let us so adjust her work, her rest, her play, that she will recognize the privilege that is hers in being able to train herself to serve humanity, and through that service to find an abiding happiness.

The actual educational responsibility of the university schools of nursing can scarcely be over-estimated, nor the extent of their influence upon other nursing schools. Curriculums will be based more nearly upon what a nurse should have as equipment rather than upon what any one hospital is able to give her. The Boards of the hospitals giving the practical training will make superhuman effort to secure the funds necessary to the proper balance of the student's work, once they see the need.

It would be unfair to the student not to give her a realizing sense of the opportunity that is hers—not to have her appreciate that the only possible justification of this additional expenditure in all its ramifications is the assumption that she will be able to render better service not only during her student years, but in all the years of her active nursing life.

The primary cause behind all medical and nursing schools, the *raison d'etre* for all hospitals, is the poignant need of suffering humanity. The patient is the center and from him radiate all the spokes of medical education, diagnosis, treatment, care, etc., that reach out to reconstruct this Wheel of Life. All hospitals, large and small, exist primarily for the care of the sick, and each makes its particular contribution, but those that are definitely teaching institutions assume an added responsibility for they must set standards, they must be the living examples of all that is best in medicine, surgery and nursing.

This constitutes a dual problem: Adequate care of patients and balanced training for the student, and if either has to be temporarily held in abeyance it *must* be the student's training.

It is in the nursing department that the dual problem is most acute. To give adequate care to the patients and at the same time have the student body free for the theory and practice of nursing procedure is not an easy task. Unless there is a force of graduate nurses to supplement the student service one of two things must happen: either the patient will not receive proper care, or the student will be on the wards over the time required for her education, and will have an unbalance of services. Naturally it is the student not the patient who suffers, this must be so, and should be so, no one could possibly wish it otherwise. But with the assertion that a university school of nursing makes nursing training an *educational* matter comes the necessity for enough

supplementary nursing service in the hospitals involved to do away with the over use of the student.

The economic factor is, unfortunately, all too often the deciding one, and it is well that, as one of the results of the Rockefeller Committee report on training schools, we of the laity have been made to realize that three years in a hospital has not necessarily meant a well-organized, well-balanced training. We found to our horror, those of us who did not already know it, that R.N. after a name does not necessarily guarantee us against the perfectly honest but inadequate nurse whom we have called in, in our need, to care for our children, who has had but a week's pediatrics while in training, and no contagious work at all! We have been rudely awakened and made to see that it has been somewhat our own fault, we have been blind to the fact that as trustees, we were misusing some of those precious hospital years from sheer ignorance of the problem. It is very human to search about for an alibi. And I think we often hide from ourselves behind the feeling that somehow we should have been informed, that you of the League [2] should have taken us more into your confidence, that we might have helped you bear the burden, and so hastened the day that has begun to dawn.

As I study the history *you* have made I am thrilled beyond measure at your endurance, your patience, your steady determination to establish adequate nursing standards. I doubt if there has ever been a more consecrated body of women anywhere and your achievements make me proud to share your womanhood. I have the joy of possessing an N.O.P.H.N. pin, and you of the League have given me the privilege of an equally intimate comradeship. I am happier than I can tell you to have this opportunity of expressing in person my deep and lasting appreciation of your graciousness. The fight for recognition that you have had to make has developed among you a wonderful *esprit de corps*, something that women need. To my mind you have in consequence two clear responsibilities, one to the rest of us, one to yourselves.

Your fifty years of studentship in the art of working together for an ideal have given you an experience that all women need. Can you not pass on to us some of the fruits?

The other responsibility consequent upon your long struggle, is one of self analysis in an attitude of the utmost selfishness. Is there not always danger that too concentrated an *esprit de corps* confines growth and so starts involution? Is this not the moment for you to catechise yourselves both as individuals and as a group as to whether you have not come to the end of the old revelation where your God was, and had to be, the God of Battles, whether you do not stand upon the threshold of the new world where God is not only a judge but a father, mother and a son? In this world it is no longer brother against brother, sister against sister. Will you not consider, among other matters requiring your deliberations, whether you cannot find a larger development for the future of your profession through a greater intimacy and an actual working hand in hand with the steadily increasing numbers of sympathetic and educated laity?

[2] National League of Nursing Education.

The problem of securing a well balanced basic training for the student nurse is so involved with that of securing sufficient financial support for hospitals that I see no better way to attain it than to share the burden with the financially responsible. It is a matter of educating enough people to see it your way, and it is infinitely better psychology *to work with* people than to insist upon their doing something *your* way. Once men (or women) realize that they run the risk of having a nurse in a time of stress who is inadequately prepared simply because the hospital she trained in hadn't funds enough to relieve her of enough ward work to permit her to get the training she went for, they are going to put their right hands into their pockets. But so long as they have a feeling of suspicion about it all, so long as they imagine that "what the nurses want" is an "easy road," or something equally ridiculous as it is false, just so long will they refuse to make it possible.

The only way I can see to dispel these illusions is for you to open your hearts to them. You have only to do this to reap the fruits of your long years of labor and of ceaseless struggle for the ideal that is a light in the darkness of suffering. Not one of you but shares in the responsibilities now resting upon these new branches of education. You have cherished the hope, you have laid the foundation stones and put up the framework and you must help to build the walls. Each one of you has the power to influence many separate individuals, each case you have, each day you spend at your work will be a definite help or hindrance to the development of these and other schools. You are just as definitely a part of this visible evidence of a new era in nursing as any member of the faculties, and you share with the trustees the responsibiliities they have assumed of interesting the young women in nursing as a career, of safeguarding them during training, and of interpreting nursing in all its practical value and its beauty to the community.

This matter of securing students is one that is of greatest moment, for without students there can be no university school of nursing or any other. And they must be of good quality, capable of appreciating the opportunities of such a standard-making school.

The hospitals in which university students will receive their practical work have a right to expect them to have an appreciation of this high quality of service, of the privilege they enjoy in participating in the work of the hospital, being co-workers with trustees, doctors, etc., in the wheel of relief of pain and the study of disease and cure. We must never lose sight of the fact that we share the hospital's responsibilities for the care of the patient, and our students should feel the challenge and the opportunity.

Further than this it would seem that the time has come when the actual economic value of the instruction, the teaching equipment, the living conditions provided by the hospital and the university should be more definitely realized by the student. She should see that if she wants the dignity of her profession recognized educationally she must begin to pay for what she receives in something other than service. If her time is so arranged that her service to the hospital is in very truth guarded for her training, she in turn should

recognize its value and joyfully pay as students in all colleges do.

This is one of the matters requiring much thoughtful consideration on the part of the hospitals and the schools of nursing and other hospital training schools. It involves the coördination of the groups other than undergraduate students, those of affiliates, of special postgraduates and of regular graduate service. It is not possible to discuss it at this time, but it would seem pertinent to emphasize the sense of responsibility carried by the university schools in this phase of the problem.

In closing I have only a word to say in the matter of responsibility that these new schools recognize to the community at large. As I see it, it is twofold. The first consists largely in those matters we have already discussed: the selection of the best human material, safeguarding them, developing them as human beings and assuring them a truly sound fundamental training in those essentials of nursing that are generally termed basic, that they may be truly fit to go out into the community as women trained in the care of the sick.

Just at this point I want to say a word about the university student not as yet touched upon—the postgraduates. There is a great need of supplementary and additional education for graduate nurses who have suffered from the failure of the apprentice type of training, and it is the university school of nursing that should recognize a definite responsibility to the community to insure these women the chance to secure instruction in those branches they have missed, as well as to provide the training required in so many of the special fields now open to the nurse. These special fields are numerous and a nurse must have, besides a sound basic knowledge, an additional technical training in public health, industrial nursing, tuberculosis, etc.

Finally, it would seem that university schools of nursing have a definite responsibility and a somewhat unique privilege in the matter of interpreting nursing, not only to the student and to the active nurse, but also to the community, that there may be brought about a more general understanding of what nursing is, its ideals, its aims, its principles, its opportunities.

The community should be given the chance to see its own responsibility in the solution of the problem of securing adequate care for the sick and the further education of the individual for health. This can be best interpreted by the schools of nursing within universities as their very position within the the seats of education gives them a certain impersonalness that is essential, and this gives them a further duty: to secure a more general recognition of the many fields now open for the nurse, dissimilar in external form, called by various names, but all based upon the need of the suffering and the clamorous demands of all humanity for health.

The address of the President of the National League of Nursing Education, Laura R. Logan, read at the opening session of the Convention in Detroit, will appear in the September issue of the *American Journal of Nursing*.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

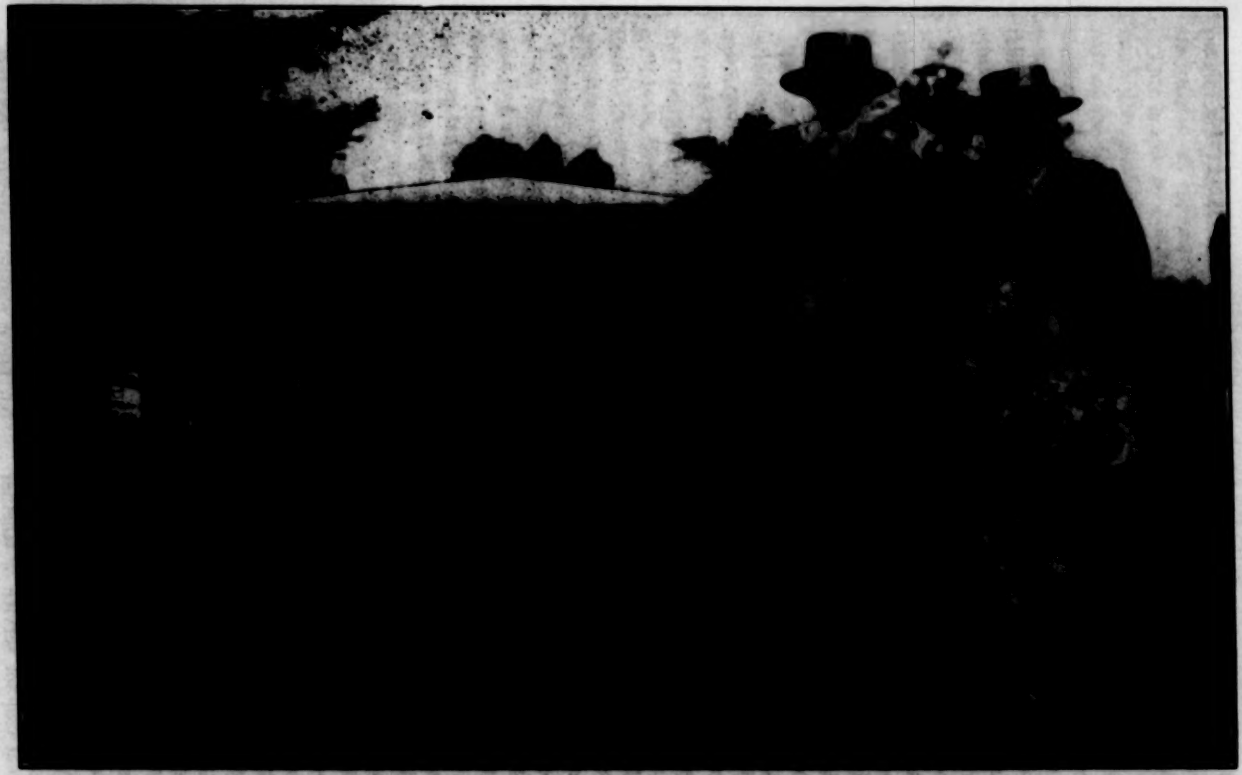
NATION-WIDE RED CROSS ROLL CALL

THE first, real, immediate, coast-to-coast test of the spirit of the enrollment of Red Cross nurses and the efficacy of the great machine designed at National Headquarters will occur on September 12. In the United States and her insular possessions, wherever the Stars and Stripes are unfurled, that day has been set apart to demonstrate whether the efficiency of a nation-wide roll call is merely hypothetical or not. It concerns every American citizen but most especially every single Red Cross nurse, who should mark it in letters of gold symbolic of the service she volunteered when she enrolled. On each individual rests the responsibility whether the muster, undertaken at the request of the Surgeon General's Office, is a gigantic success or whether it is the reverse.

It does not mean that a Red Cross nurse will be disturbed in the work she is performing and it does not mean that she will be involved in expenses. What it does mean is this: General Pershing has chosen the anniversary of the battle of St. Mihiel, September 12, 1918, when the American troops first went into action in France, to test national organization in every detail under the National Defense Act. Every year from now on the nation will have an opportunity of showing on this day whether it is a concerted whole able to respond in all its parts completely and immediately to any great call for service or whether it is a series of misfits. Not only will September 12, 1924, inaugurate what may be a splendid indication of a body corporate with a wonderful national spirit but it can be made in the nature of a magnificent farewell gesture to General Pershing himself, who having reached the retiring age of 64 years, automatically retires the following day from the office of chief of staff, which he has held since the war, and from active service in the United States Army.

As the Reserve of the Army Nurse Corps, Red Cross nurses will want to make a conspicuous success of this great muster. Their *esprit de corps* is to be placed in the national balance. It cannot too often be emphasized that this is not a call to actual service and no nurse will be disturbed in the work she is at present performing. What is expected is that every individual member of the enrollment no matter what her age, what her occupation, what her physical condition, will report not later than the morning of September 12, either by letter, telephone, telegram, or in person at certain headquarters to be established. It means no more than the cost of a postage stamp or a possible charge for a telephone call unless a nurse is dilatory and does not write a letter in sufficient time to reach her headquarters by September 12, when she should be willing to assume the expense of a telegram.

No nurse should disregard this test



Tributes to that great Red Cross Nursing Chief, Miss Jane A. Delano, were laid in Arlington on Memorial Day, 1924. Miss Clara D. Noyes (left), National Director Red Cross Nursing Service, with the wreath from the American Red Cross; Miss Ida Butler (right), Assistant National Director Red Cross Nursing Service, with the wreath from the Alumnae of the University of Pennsylvania Hospital School of Nursing, where Miss Delano at one time was Superintendent of Nurses: and Mrs. Annie Humphrey (center), Director Home Hygiene and Care of the Sick, Washington Division Red Cross, charter member of the Jane A. Delano Post, No. 344, Nurses of the American Legion. New York, with the wreath from that Post.

under the National Defense Act as she has enrolled in the Red Cross Nursing Service in order to demonstrate her willingness to serve in a case of great national emergency. She is expected to respond as promptly to a call of this sort as if it actually meant active service. The spirit and efficiency of the greatest Nursing Service in the world can never be more fittingly demonstrated than by unanimous response on September 12.

Plans for reaching each nurse enrolled in the Service will be issued through National Headquarters, the six division offices and the state and local Red Cross Nursing Committees. Individual letters will be sent out in the course of the next few weeks. But nurses are asked to watch carefully the public press, the nursing magazines, the Red Cross *Courier*, and the Division Bulletins for detailed information regarding this very important event in national life.

As all nurses and those interested in nursing are asked to report at the headquarters which will be established, perhaps Red Cross nurses will pass this message on. Even if these nurses and others do not constitute the Organized Reserve they are a potential reserve and the Government desires a response regarding potential as well as actual resources.

Finally, Red Cross nurses in hospital or country, in great city or small town, in the thickly populated East or in the open spaces of the West, at home, in the out-flung island possessions or in distant foreign lands can show their allegiance to a great ideal of service by reporting themselves on September 12 and by seeing that the news of this national muster is passed on to other nurses who may not have heard of it, in order that they, too, may make response.

Enrollment Annulled

Again, a list of names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases, is issued this month. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Arnold, Mary Jane; Best, Mrs. E. L. (nee Mary S. Mitchell); Brennan, Mrs. Sue Stephenson; Davis, Mrs. Bertha Elizabeth; DeBarr, Stella L.; Edwards, Mrs. Thompson (nee Carmella C. Shillenn); Emery, Harriet; Essex, May Mills; Falconer, Mrs. T. (nee Ethel E. Sweet); Fencil, Helen Dorothy; Finnegan, Margaret Marie; Flaghouse, Helen G.; Fliger, Helen; Flynn, Mary C.; Folger, Mrs. H. G. (nee Maude M. Sage); Ford, Marion K.; Fulmer, Laura M.; Gabric, Minna; Gahagen, Mrs. Stella S. (was Mrs. Stella Stone Lee); Garrigues, Ruth Florence; Gaynor, Nora V.; Gilbert, Eleanor N.; Gillece, Helen Norah; Gleason, Mary Irene; Glover, Mrs. Mary I. (nee Pollard); Gochenour, Olive Kathryne; Goodall, Jane; Gordon, Mrs. Guy N. (nee Henrietta M. Howell); Gorman, Josephine D.; Gorman, Margaret M.; Graser, Blanche Caroline; Graven, Mrs. Catherine Ladden; Green, Miriam R.; Green, Viola May; Griest, Mrs. Bertha M. (nee Dixon); Grosch, Helen Amelia; Guenther, Marie Mathilda; Guiterman, Rita G.; Grant, Josephine S. (colored).

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

NOTES FROM THE CONVENTION

THAT the Michigan nurses were gracious hostesses stands out in the minds of all the Public Health Nurses who attended the eleventh Convention of the National Organization for Public Health Nursing. We want our appreciation of their thoughtfulness and interest in us to stand out as clearly to them.

One usually thinks of the business sessions as something dull and uninteresting, but the Monday morning session was made exceedingly worth while because it started on time, every report was brief and graphically told by the secretaries with the emphasis squarely on the essentials. Miss Hodgman in speaking for the Education Committee said there was an increasing demand for more Public Health Nurses and some communities were crying for better Public Health Nurses but the Education Committee had taken for its slogan "More and Better Public Health Nurses" and that there were many obstacles in its accomplishment.

Miss Fox spoke in sincerest appreciation of Miss Stevens' administration and of the fine teamwork of the secretaries; also of the assistance given by the Health Council and the increasingly happy working relations with the three National Nursing Organizations due to proximity with them. She also spoke of the test of practicability of joint services between the American Child Health Association and the N. O. P. H. N. which is being worked out in the School and Preschool Nursing Services through their joint secretaries.

A challenge was hurled at the whole nursing world by Dr. Charles P. Emerson in his address "Communicable Disease" when he said "Every communicable disease means someone has made a mistake." His chief points of emphasis were that those in the medical and nursing professions who were directly responsible for the care of those having communicable disease should have the capacity to teach the patient as well as the family or caretakers the communicability of the disease. Furthermore that there is a source of infection for all communicable disease and that they should acquire a sensitiveness to all and any possible source of infection. He stressed the fact that many of the diseases of adult life are due to communicable diseases in childhood. Nephritis and many cardiac conditions are not acute conditions in adults but left overs from a communicable disease in early childhood.

Dr. Emerson's address certainly drove home to all of us the fact that we are "our brothers' keeper" in the control of communicable disease and that if our children have the disease some one else is surely going to get it unless great care is exercised. He placed the control of communicable disease in the great Child Welfare program of today and brought home to all of us very skillfully the need of assistance from every responsible person in every community to prevent

mistakes being made which cause children to suffer.

Probably the most helpful thing, following Dr. Emerson's address, was the session on Communicable Disease Nursing with Alta Dines presiding. Miriam Ames, Director of Child Hygiene, Community Health Association, Boston, Massachusetts, and Mrs. Ruth Haas Phillips, King's Daughters Visiting Nurse Association, Norfolk, Virginia, gave a demonstration of the care of a patient in a district home, showing exactly the precautions to be taken and the technic to be taught the one caring for the patient. It was a difficult experience for both the nurses to demonstrate before such a critical audience. However, every visiting nurse present wished all the mothers they worked with were as intelligent as the mother in the demonstration. All through the audience were murmurs of appreciation when the nurse brought in two half barrel hoops wound carefully and inserted them in the foot of the bed to hold the weight of covers away from the patient's feet. The skillful use of newspapers was also carefully watched.

The care of the contaminated utensils and soiled bedding is surely a test of the capacity of the visiting nurse, as Dr. Emerson pointed out; her ability to teach and her sensitiveness to sources of infection prove her to be either a prolific source of infection or a control of its spread. The staff nurse has a tremendous responsibility, her power is unlimited as a skilled teacher in the district homes by teaching through demonstrating cleanliness.

This last point was emphasized when Mrs. Schulken, Superintendent of the Denver, Colorado, Visiting Nurse Association told graphically of the spectacular assistance that association had rendered the Denver Health Department during an epidemic of small pox. The health authorities had questioned the advisability of using the Visiting Nurse Association staff but the rapid spread of small pox and limited hospital facilities had necessitated visiting nursing care of patients in their homes. Nothing could have been more satisfying than the way these well trained women proved their worth to the Health Department through their skillful nursing and teaching than the fact that the epidemic subsided and no new cases were traced to any homes under the care of the visiting nurses.

Is it not significant that in the early days of school medical inspection the detection of communicable disease was the primary function of the medical and nursing groups. Then the correction of defects loomed up on the horizon as most important in helping to build up the child's resistance against infections. And now we realize again that the control of communicable diseases is not just a matter of control by medical and nursing groups, of keeping to themselves all they know, but that they are responsible by simplyfying in non-technical terms and through actual demonstrations and making parents and guardians of children with communicable disease sense their responsibility to the community, for protecting their neighbors as well as their own children from disease.

It will be a great day when we all accept with that great teacher, Louis Pasteur, our share of the work as soldiers fighting intelligently and as one army; medical, nursing and lay groups against our greatest enemy, Communicable Disease.

The Study of Visiting Nursing

At a meeting of the Committee to Study Visiting Nursing held on June 19 in Detroit, the Executive Committee presented to the Committee of the Whole the completed report of the study, together with a summary of its conclusions and recommendations. These were unanimously accepted by the Committee with a few suggested changes in the wording.

On June 20 this report and the recommendations were presented by the Committee to Study Visiting Nusing to the National Organization for Public Health Nursing, represented by its officers and directors, staff, and a large membership group, and were accepted by them. As soon as the few suggested changes are made, the report will be published and will be available to nurses and nursing organizations.

The address of the President of the National Organization for Public Health Nursing, Elizabeth G. Fox, the Mobilization of Public Health Nursing Forces in the States, which was read at the opening session of the Bi-ennial Convention, will appear in the *Public Health Nurse* for September, the Convention number of that magazine.

OUR CONTRIBUTORS

Christopher G. Parnall, M.D., for a number of years Superintendent of the University of Michigan Hospital, Ann Arbor, Michigan, has just assumed the direction of the Rochester General Hospital, Rochester, New York. Dr. Parnall has long since demonstrated his understanding of and coöperation with the movement to improve the education of nurses.

Nellie Gates Brown, R.N., is so enthusiastic about good bedside nursing that we have again persuaded her to discuss methods. (See Our Contributors for October, 1923.)

Loretta M. Johnson, R.N. is a graduate of the Philadelphia General Hospital School of Nursing. Following a summer course at Teachers' College she returned to her own school as assistant instructor in practical nursing and she is now instructor in practical nursing.

Emma Van Cleve Skillman, R.N. (See Our Contributors for July, 1923) puts so much of the true spirit of nursing into her writings and derives so much joy from private duty practice that we are fortunate in again having a contribuition from her pen.

Mabel Smith Goulette, R.N., is a graduate of St. Mary's Free Hospital for Children and of St. Luke's Hospital, New York City. She has served at the Hospital for Ruptured and Crippled in New York City, as a missionary nurse with Bishop Brent in the Philippines and is now supervisor of nurses at the Orthopedic Hospital, White Plains, N. Y.

The name of **Arnold Gesell, Ph.D., M.D.,** is pre-eminent in the field of which he writes. Dr. Gesell is Director of the Psycho-Clinic and Professor of Child Hygiene at Yale University.

Frances P. Bolton (Mrs. Chester C.) is the "fairy godmother" of the School of Nursing of Western Reserve University, Cleveland, Ohio. (See editorial, Journal, May 1923.

Mary Laird, R.N., is a graduate of the Rochester General Hospital School of Nursing and has the distinction of being a member of its Board of Trustees. She has had a year at Teachers' College and is Director of Public Health Nursing Association of Rochester. She was a member of the Committee which made the comprehensive study of Visiting Nursing reported at the Biennial.

Elizabeth Kamman is a student in the school of nursing of the J. N. Norton Memorial Infirmary, Louisville, Kentucky.

STUDENT NURSES' PAGE

IMPRESSIONS OF THE CONVENTION

By Elizabeth Kamman

MY first impression after attending several meetings conducted by wonderfully well trained women, was how important a position our profession holds in this glorious world, and the necessity of each one of us loving and living the Florence Nightingale Pledge.

My second impression, was the necessity for the coöperation of doctor and nurse. *Coöperation*—the word itself is getting so abused and battered that I hesitate to write about it and would not have used it at all if there had been another word of precisely the same meaning—a substitute. Only, we are identically the same, too, we are without a substitute. Yet we cannot go on without coöperation. It is a movement of the spirit, not an industrial or economic cure-all. It is like a soldier obeying his superior officer, a nurse must take orders from the doctor. There are two kinds of coöperation, the conscious and the unconscious. The former type oft times requires an heroic subjugation of self that many women cannot stand. If hospitals are to be built and schools of nursing, in fact the education of the nurse brought to perfection, we must work together and not against one another. Being a Kentuckian I feel privileged to use the State Motto, "United We Stand, Divided We Fall." The principle may be used in every phase of life, for "In Union There Is Strength."

My third impression, was of the Public and the Nurse and of Publicity for the Schools for Nurses which was wonderfully visualized at a Round Table under this heading.

The needs of the public as well as those of the nurse were discussed. At this time we were made to realize how necessary it is for the graduate nurse and the student nurse to coöperate in placing the nursing profession before the public. Explain to them the advantages offered by our schools, as nursing is not a JOB, it is a CAREER. Let us be leaders, not servants, of the people. The suggestion of one of our noble leaders was to go before the Parent-Teachers Associations. F a m i l i a r i z e mother and teacher with the scope and importance of our nursing schools, and so build for the private and public welfare of future generations. The high school girl of today is the mother or business woman of tomorrow, and only through the education of the young is it possible to instill the importance of our profession in the minds of the people. Having had these points so forcibly presented, makes one realize the importance of giving our coöperation in carrying out these ideas.

TO THE NURSES OF '24

Three things may not be neglected if you would avoid serious regrets later on:

1. Membership in your alumnae association.
2. Registration in your home state and the state in which you intend to practice.
3. Enrollment in the nursing service of the American Red Cross.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

AN INTERESTING LETTER

(A letter from the British Ambassador at Washington, to Honorable Charles E. Hughes, Secretary of State.)

SIR: I have the honour to refer to the recent visit of Dame E. Maud McCarthy, G.B.E., R.R.C., Matron-in-Chief of the Territorial Army Nursing Service, to the United States of America in response to a warm invitation extended to her by the Surgeon-General of the United States Army on behalf of the United States Army Nurse Corps.

During her visit to this country, Dame Maud was cordially and courteously entertained in several of the greater American cities and was afforded opportunities of inspecting a large number of naval, military and civil hospitals, and moreover, during her stay in Washington, the President of the United States was so good as to receive the above mentioned lady in audience.

In view of the kind and hospitable welcome extended to Dame Maud, I have the honour to convey to you and, through your kind intermediary, to the competent authorities of the United States Government, an expression of the thanks of the Army Council for every courtesy shown to Dame McCarthy and of their great gratification at the eminently successful outcome of her visit to the United States.

I have the honour to be, with the highest consideration, Sir,

Your most obedient, humble servant,

ESME HOWARD

MENTAL ALERTNESS TESTS

DEAR EDITOR: The Army School of Nursing, keeping step with other professional schools, has taken the "Intelligence Test," or perhaps a better term is "Mental Alertness Test." The tests used for this purpose naturally would be the Army "Alpha" which were prepared especially by the psychological Committee of the National Research Council. They were revised by the direction of the Surgeon General of the Army, and printed by the Medical Department, U.S.A., September 1, 1917.

The object of the tests was to sift out the mental defectives who were not qualified for military service, to discover men of superior ability, and men with marked special skill. It was called "Alpha" to distinguish it alike from examination "A", and from examination "Beta" for illiterates. These tests were retained until the close of the war as a group examination of literates. Between April 1 and December 1, 1918, it was given to approximately 1,250,000 men.

The tests were given to over one hundred students of the Army School of Nursing just as an experiment to compare their ratings with those of college freshmen. The tests came as a surprise, and to some an agreeable surprise, for they were rated higher than they hoped, and the result was most gratifying, even to us who knew they were superior.

The students made a median score of 128, and for the purpose of favorable comparison I am using the median scores made by other professional or prospective professional groups:

Colorado College	142
20 Colleges Combined (men)	130
University of North Dakota	120
Army School of Nursing	128
University of Minnesota (freshmen)	128
13 Colleges Combined (women)	127
Southern Methodist University	123
State Teachers' College, Colorado	122
University of Idaho	117

It gives a great deal of satisfaction to be able to tell the Class of 1924 that many of their number fall in the group which is termed "near genius" or "genius."

In a recent issue of one of our popular magazines, Allen Harding relates an interview with President Scott of Northwestern University. President Scott and his co-workers are using a "student-rating scale," and the factors considered are Personality, Perseverance, Mental Alertness, Confidence and Vigor, and Reliability. He quotes: "A man is the sum of all his qualities. He is mind and body plus character and personality."

MARY W. TOBIN, A.S.N., Class 1921
Instructor, Army School of Nursing

DEAR EDITOR: The Smith-Barton Training School for Nurses of Taikuhsien, Shansi, China, held its first commencement on March 29, 1924.

The Commencement was the first one in the Province of Shansi, in which the N.A.C. diplomas were awarded to the graduates. The day was wonderful, and nothing was spared to make it a day to be long remembered by the graduates. Guests arrived the day before, and many sent letters and telegrams of congratulations to the nurses. Governor Yen sent a gift in the shape of a nice book to each one of the graduates. The exercises were held in the American Board Church, and among the guests were the students of the Taiku Commercial School, and students of the Oberlin-Shansi Memorial School. The Glee Club of the latter played one or two numbers which added much to the entertaining of the friends. Mrs. Dr. Corbin presided at the organ. Dr. E. W. Edwards of Taiyuanfu gave an eloquent address after which one of the graduate nurses read an essay on "The Nurse's Duty Toward the Hospital." Soon after the exercises friends sat down to a feast which lacked nothing.

The nurses have already been assigned to various hospitals, and one of them has started in doing Public-Health Work in our Outstations. Since this is the first work of its kind, and the nurse being especially qualified for it, there will be no limit of his usefulness to the public.

Taiku, Shansi, China A. M. A.

DEAR EDITOR: In reference to twelve hour duty nursing, I do not understand why so many nurses are opposed to it. In my estimation twenty-four hour duty is certainly not improving to one's health, but impairs it, I think. What rest can a nurse get if on a case as mentioned above? The nurse retires between nine and ten o'clock, she is called three or four times before six a. m., arises at seven; she averages about four hours of light sleep, for one ear and one eye were open for calls. Does one feel rested and freshened? *No!* She performs the forenoon nursing care, after a brief lunch she hurries off to get a street car which will take about one hour or more to reach her destination, has a few chores to do at home, remembers she has only four hours off, time is up, must hurry back to her patient and start the same routine, but minus the rest and recreation. Is four hours' sleep enough for a nurse to get out of twenty-four? I say no Can one stand the strain week in and week out? *No.* I understand it is hard from the financial point of it, but if your health is gone, can anyone, or yourself, buy it back? *No.* I am highly in favor of the twelve-hour duty and sincerely hope in the near future we shall have it and that all nurses will benefit by it.

California R. A. S.

LOST ARTICLES

DEAR EDITOR: Following is a list of articles still unclaimed which were turned into the "Lost and Found" booth at the Biennial:

1 pair of eye glasses—shell rim and gold bar.

1 gold and black enamel pin—initialed J. S. T. M. '24.

1 gold pin, initial "B" with small pearls.

1 gold pin, blue and white enamel—gilt initials B. C. S. and H. T. S.—C. S. M. 1913 on back.

Rosary.

Grip keys.

2 small loose leaf note books.

1 shorthand note book and several others.

1 small address book.

1 silver lead pencil—initial L. E. G.

1 Silver Eversharp pencil.

1 Standard memorandum book.

FRANCES S. DRAKE,
4708 Brush St., Detroit, Mich.

UNCLAIMED MAIL

DEAR EDITOR: The Headquarters Office of the American Nurses' Association, 370 Seventh Avenue, New York, is holding letters and post cards which were not called for during the Convention in Detroit, Mich. These will be forwarded upon request: Jessie McLean, H. Klemm, Catherine Corley, Katie Hohehouse, Margaret H. D. Hopkins, Ruby Gordon, Effie C. Dickinson, R. A. Lanier, Ella Spirving, Catherine Lavelle, Anne Phifer Crawford, Vernon Collett. Address,

The Secretary.

DEAR EDITOR. Bellevue Training School for Nurses was started, separate from the Hospital, by a Board of Lady Managers in 1873, and housed in their property, 426 East 26th Street (where is now Osborn Hall, our Club House), until 1908.

C. B. C.

JOURNALS ON HAND

Frances A. Dennis, 553 Main Street, East Orange, N. J., will sell at 25 cents each and carriage, for three or more copies, one or two copies at 30 cents each and pay postage, *Journals* for 1902, February and December; 1903, February, March, April, June, July, August, September; 1904, April; 1905, June; 1911, May and June; 1912, June and October; 1913, April; 1914, March; 1916 to 1923, complete except October and November, 1917, and May, 1918.

M. A. Candon, 66 North Willow Street, Montclair, N. J., will send for postage, copies of the *Journal* for 1923.

JOURNALS WANTED

Bess Lowry, Superintendent of Serials and Binding, Iowa State College, Ames, Iowa, would like a copy of the September, 1913, *Journal*, which contains the index for Vol. XIII.

Ethel J. Odegard, Madison General Hospital, Madison, Wis., would like *Journals* for November and December, 1900; January, February and March, 1903; July, 1904; July, August, September, October, November, December, 1905; April, July, 1906; December, 1909; October, 1910; June, July, 1911; November, 1912; January, February, 1913; October, 1915; January, 1916; October, 1917; July, September, October, 1919; March, November, December, 1920.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

26. How would a twelve hour duty nurse, taking a case at a small town hospital where a room could not be provided for the nurse by the hospital, arrange if she had to go to an hotel? Would the charges be made against the patient?

When a nurse leaves the town in which she is practicing to answer a call elsewhere it is expected that the patient or his family will bear the expenses of transportation and provide board and a suitable place for sleep while she is on the case.

27. Who was Charlotte Aikens and what did she do for the nursing profession? Was she a registered nurse?

Charlotte A. Aikens of Detroit, Michigan, graduated from Alma College, St. Thomas, Ontario, Canada, and took her nursing course at Stratford General Hospital, Stratford, Ontario. She was Superintendent of Sibley Hospital, Washington, D. C., of the Methodist Hospital, Des Moines, Iowa, and of Columbia Hospital, Pittsburgh. She retired from hospital work about 1908, to devote herself to writing. She lives in Detroit and has two adopted children. Before she left hospital work she was associate editor of the International Hospital Record, which work she continued for some years. In 1911 she became associate editor of The Trained Nurse and Hospital Review, later becoming editor; in 1923 she severed this connection.

Her books are Hospital Housekeeping, Hospital Management (a symposium), Primary Studies, Clinical Studies, Home Nursing, Training School Methods and Ethics for Nurses. She has always been interested in the problems of the small hospitals, and in the Household Nursing movement. From 1912 to 1916 she was chairman of the committee of the American Hospital Association on the Grading of Nurses. In 1920 Miss Aikens was chosen by the Methodist Church Mission Board to make a survey of the continent of South America and give advice in regard to their program for the establishment and maintenance of medical missions in those countries. She was chosen for this because she probably combines a wider knowledge of hospitals and missions than anyone in America.

Miss Aikens' outstanding characteristic is her gift of prophetic insight. She is not, we believe, a registered nurse. Not many states had registration at the time she retired from active hospital service.

MINNIE GOODNOW, R.N.

NURSING NEWS AND ANNOUNCEMENTS

THE NATIONAL LEAGUE OF NURSING EDUCATION

The Thirtieth Annual Convention

A great Convention! This was the note sounded at the Biennial National Nursing Convention held in Detroit from June 16 to 21. With the three National Nursing Associations in session and a registration close to five thousand nurses, representing not only this country but other countries as well, the Detroit Convention will go down in history as one of the momentous events in American nursing. This Biennial Convention marked the thirtieth annual meeting of the National League of Nursing Education. In common with the other two organizations the League shared the privileges and arrangements so efficiently planned by the Local Arrangements Committee. One of the outstanding impressions carried away from Detroit was the splendid machinery provided not only for the carrying out of the program but included also a rare forethought for the comfort of every individual nurse.

Speaking of the program itself, a feast indeed had been prepared by the Program Committee. Of the nine general sessions the three conducted by the League were given over to such important subjects as "Budgets for Schools of Nursing" (a report of the League Committee on Budgets, of which Miss Elizabeth Greener is Chairman), "The Responsibility of The Community and The Hospital in The Establishment of Nursing Schools" by Dr. Christopher G. Parnell, "The Responsibility of the University School of Nursing to the Individual Student, the Hospital and the Community" by Mrs. Chester C. Bolton, an account of the new Yale and Western Reserve Schools of Nursing and a presentation of Nursing in Other Lands. Included among the speakers on this latter topic was Miss Pohjala of Finland who brought greetings to the nurses of America from the nurses of Finland and an invitation overflowing with warmth and cordiality to come to Helsingfors next summer. Miss Christiane Reimann, Secretary of the International Council of Nurses also spoke at this session on "A Glimpse of Nursing in Scandinavia."

To note only the general sessions conducted by the League would give an altogether incomplete idea of the variety and richness of thought mutually shared by the three national organizations. At the opening session each of the three presidents brought a distinct message. Miss Clara D. Noyes presented a graphic picture of the American Red Cross Nursing Service and the Honorable John H. Clarke spoke on "Woman's Relation to World Peace." Other general sessions included papers on "The Role of the Physician in the Education of the Nurse," "The Government Nursing Services," "Communicable Disease" and "Meeting the Demands for Community Health Work." At the closing general session Friday night, Dr. George Vincent gave an address which will long be remembered on "The Public and the Nurse."

Teachers and teaching, changing systems and demands constituted the theme of the Instructors' Section Session. At an open meeting conducted by the Education Committee the curriculum was the subject of a most profitable discussion. An unusually splendid program of Round Tables had been planned for some of which considerable investigation had been carried on resulting in valuable findings.

In recounting the proceedings of a convention the natural gravitation is toward a description of the general program. And yet the very heart beat of an organization lies, not so much in this phase of the convention, as in the business meetings out of which its policies grow and its strength is measured. Two business sessions had been formally scheduled for the League, but as a matter of fact, business meetings were interspersed throughout the week. Whenever a few minutes appeared vacant at the end of a League session, the body was promptly called to attention and business was again the order of the day. This procedure was necessary because at this convention, the Constitution and By-Laws with revisions were presented for discussion and it is gratifying to record they

were voted upon before the Convention adjourned. Excellent reports were submitted by the various committees, indicating in detail the breadth of the work to which the League is applying its efforts and resources.

At the open meeting conducted by the Advisory Council, nineteen State Leagues of Nursing Education presented reports of work covered in the past year. Strengthening the weak links in the state, meeting state situations as only state organizations can, a steady pursuit for better standards was noted again and again as each of these nineteen State Leagues briefly reviewed their year's history.

The officers of the National League of Nursing Education elected for the year 1924-1925 are: President, Laura R. Logan, Ohio; first vice-president, Carrie M. Hall, Massachusetts; second vice-president, Mary M. Pickering, California; secretary, Ada Belle McCleery, Illinois; treasurer, Marion Rottman, Wisconsin; directors for 1924-1926: Annie W. Goodrich, Connecticut; Bena M. Henderson, Wisconsin; Mary M. Roberts, New York; S. Lillian Clayton, Pennsylvania.

This report may seem a series of titles and names; almost a reprinting of the program. Little has been written of that other phase of the Convention: color, enthusiasm and the stimulation which comes from reunions and great group meetings. But if whisperings and echoes are to be relied upon at all, the convention was an event, not only in program and arrangements, but equally so in its urge to go onward and forward.

BLANCHE PFEIFFERKORN, *Exec. Secretary.*

NURSES' RELIEF FUND

REPORT FOR JUNE, 1924

Balance on hand May 31	$20,451.97
Interest on bonds	589.14
Interest on bank balance for six months	233.21
	$21,274.32

Receipts

California: Dist. 3, $15; Dist. 5, $10; Dist. 6, $12; Dist. 7, $5; Dist. 8, $7; Dist. 9, $47.50; Dist. 10, $16; Dist. 11, $36; Dist. 14, $10; Dist. 16, $3; Dist. 17, $3; Dist. 19, $88.40; State Convention Collection, $90	342.90
Florida: Dist. 2, $64.50; Dist. 4, $32	96.50
Illinois: Anonymous	10.00
Indiana: Home Hospital Alumnae Assn., Lafayette, $40; Hope Hospital Alumnae Assn., Fort Wayne, $23	63.00
Massachusetts: Boston City Hospital Alumnae Assn	25.00
Michigan: Dist. 1, $7; Dist. 2, $69; Dist. 3, $9; Dist. 7, $77; Dist. 9, $5; Dist. 10, $10.50; Dist. 11, $75; Children's Hospital of Michigan Alumnae Assn., $32	284.50
Minnesota: Dist. 2, $9.50; Dist. 3, $165; Dist. 4, $38; Dist. 5, $10; State Nurses' Assn., $200	422.50
Missouri: St. Joseph's Alum. Assn., Kansas City	100.00
Nebraska: Dist. 1	17.00
New Hampshire: Woodsville Cottage Hospital Alumnae Assn	25.00
New Jersey: Dist. 1, $27; Dist. 6, $4; Elizabeth General Hospital Alumnae Assn, $15	46.00
New York: Dist. 2, $1; Dist. 4, $50; Dist. 13, $667.75; Dist. 14, $97; One individual, Rochester, $1	816.75
North Carolina: State Nurses' Assn.	25.00
Oklahoma: State Nurses' Assn	6.00
Oregon: State Nurses' Assn.	114.00
Pennsylvania: One individual, $2; State Hospital Alumnae Assn., Scranton, $28	30.00
Porto Rico: Assn. of Registered Nurses	48.00
South Dakota: Dist. 3	45.00
Texas: Dist. 1, $1; Dist. 6, $26	27.00
Washington: Dist. 2, $2; Dist. 4, $18; Dist. 5, $24; Dist. 9, $10; Sacred Heart Hospital Alumnae Assn., $50; Deacon Hospital Alumnae Assn., $32; St. Luke's Hospital Alumnae Assn., $24	160.00
Wisconsin: Dist. 3, $50; Dist. 7, $50; Dist. 11, $23	123.00
Total receipts	$24,101.47

Disbursements

Paid to fifty-one applicants	$ 775.00
Printing and stationary	1.25
Expenses of Chairman	14.50

Purchase of bonds	12,067.00
Check returned	1.00
	$12,858.75
Balance on hand June 30, 1924	$11,242.72
Invested funds	83,951.57
	$95,194.29

All contributions for the Relief Fund should by payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND TO JULY 8, 1924

Previously acknowledged	$28,795.84
California: Alumnae Assn. of the Good Samaritan Hospital, Los Angeles, $10; Humboldt County Nurses' Assn., $5	15.00
Indiana: University Nurses' Alumnae Assn., Seymour	25.00
Massachusetts: The Boston City City Hospital Alumnae Assn	25.00
New Jersey: Memorial Hospital Alumnae Assn., Morristown	5.00
New York: Nurses' Assn. of the Counties of Long Island, Dist. No. 14	10.00
	$28,875.84

REPORT OF THE McISAAC LOAN FUND TO JULY 8, 1924

On hand at last report	$698.52
Interest	.16
Bank error	5.00
California: Alumnae Assn. of the Good Samaritan Hospital, Los Angeles, $10; Humboldt County Nurses' Assn., $5	15.00
Indiana: University Nurses' Alumnae Assn., Seymour	10.00
New Jersey: Memorial Hospital Alumnae Assn., Morristown	5.00
	$733.68
July 1, Loan made	$200.00
July 8, Loan made	200.00
	400.00
	$333.68

Contributions to either fund may be sent to the Treasurer, Mary M. Riddle, 36 Fairfield Street, Boston, Mass. Checks should be made out separately, payable to Mary M. Riddle, Treasurer.

ARMY NURSE CORPS

During the month of June, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Banks, Mass., 2nd Lieut. Daisy E. Kinsland; to Station Hospital, Fort Benning, Ga., 2nd Lieut. Ella Whelton; to Columbia University, New York City, 1st Lieuts. Mary W. Tobin, Margaret E. Thompson; to Fitzsimons General Hospital, Denver, Col., 2nd Lieut. Laura Broghamer; to Station Hospital, Jefferson Barracks, Mo., 2nd Lieuts. Rose C. Charvat, Esther Craney; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Helen E. Woodmansee, Edith H. Rutley, May V. Greenlees, Harriet E. Aronson; to Station Hospital, Camp Lewis, Washington, 2nd Lieuts. Maude A. Spinner, Mildred L. Johnson; to Station Hospital, Fort Riley, Kas., 2nd Lieut. Eva D. Hicks; to Station Hospital, West Point, N. Y., 2nd Lieut. May Dixon; to William Beaumont General Hospital, El Paso, Tex., 2nd Lieut. Alma C. Hanson; to the Hawaiian Department, 1st Lieut. Mary F. McLaughlin, 2nd Lieuts. Margaret F. Riley, Beatrice M. Dare, Blanche Kingsley; to the Philippine Department, 2nd Lieuts. Mary M. Brady, Johanna Gorman, Elizabeth Hansbrough, Louise R. Irvin, Mary A. Kalouner, Myrtle L. Rains, Elizabeth M. Reamer.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieuts. Marion F. Benson, Cora E. Black, Artie Craig, Lillian

M. Crummey, Agnes B. Daly, Annie G. Fox, May V. Greenlees, Nelle A. Harmon, Anna Hayes, Theresa M. Klein, Frances M. Luthardt, Teresa A. McGowan, Mary B. Massman, Vivian M. Newman, Alma M. Olson, Marguerite Reutiman, Julia B. Sherman, Caroline Slusser, Alva Tomlinson, Clara Swenson.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Transfers: During June—To Annapolis, Md., Alice E. McGuire; to Canacao, P. I., Edith M. Ahlstrom, Helen C. Houser, Harriet K. Johnson; to Charleston, S. C., Violet S. Gass, C.N.; to Guam, Mary A. Kief; to New York, N. Y., Alice M. Gillette, C.N., Williamine M. Laurenson, Katherine F. Lowe, Nora A. Reardon; to Norfolk, Va., Anna McAloon, Mary M. Ritter; to Pearl Harbor, T. H., Johanna Ferris; to Parris Island, S. C., Georgianna Rennie; to St. Thomas, V. I., Margaret E. Jones, C.N., to Washington, D. C., Mary A. Snyder.

Honorable Discharge: Minnie A. Campbell, Florence R. Partridge.

Resignations: Harriet E. Kingston, Florence G. Flynn, Loretta McDonald, Anna L. Styer, Johanna E. Suzay, Elizabeth H. Whitehead.

Discharged from Inactive Status: Della Wheelers.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

The following transfers and reinstatements have been made during the month of June:

Transfers: Emma Wilson, to New York City; Rachael Hamilton, to Fort Stanton, N. M.; Minnie Epstine, to Stapleton, N. Y.; Helen Kinnan and Agnes Corcoran, to San Francisco, Calif.; Edna Evans, to Port Townsend, Wash.; Eva Knight, C.N., to St. Louis, Mo.; Beatrice Bona, to Gallops Island, Mass.

Reinstatements: Margaret Redmond, Theresa Carr, Julia Crockett.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSING SERVICE

HOSPITAL SERVICE. *Transfers*: To Legion, Tex., Mrs. Frances L. Curry, Ella Mosley, Annie E. Griswold, Alma Houser; to Memphis, Tenn., Pauline D. Troch; to Alexandria, La., Catherine P. Manney, Orene L. West; to Palo Alto, Calif., Elsie Andros; to Fort Bayard, N. M., Rose M. Waller, Stella Werner, Edna J. Osborne, H.N., Marion Echternach, C.H.; to Boise, Idaho, Helen Schmidt; to Kansas City, Mo., Emma May Dosdall; to Knoxville, Iowa, Edith C. Anderson, Sarah Meahan, Anna R. Fisher, Mary E. Grady; to Oteen, N. C., Jessie Wright, Mary E. Townsend; to Augusta, Ga., Kathryn I. Slayton; to 97 Chillicothe, O., Mary E. Musser, Mary S. Litter, Helen Van Meter; to Newport, Ky., Annie L. Ferguson, H.N.; to Waukesha, Wis., Nan M. Sullivan, Asst. C.N.; to American Lake ,Wash., Mary D. Walters.

Reinstatements: Alice R. Simpson, Mary B. McLaughlin, Mae Stock, Dorinda Black, E. May Austin.

DISTRICT MEDICAL SERVICE. *Transfers*: To Fort Bayard, N. M., Mary E. O'Connor, Mrs. Katie H. Foley.

On June 1, the U. S. Veterans' Hospital No. 97, Chillicothe, Ohio, was formally opened. Flora Schumacher, formerly Chief Nurse at U. S. Veterans' Hospital No. 69, Newport, Ky., was transferred to this hospital as Chief Nurse.

During the month the Superintendent of Nurses attended the Convention of the American Nurses' Association in Detroit. Fifty-four of the U. S. Veterans' Bureau nurses attended the conference on official leave granted by the Director.

U. S. Veterans' Hospital No. 54, Arrowhead Springs, Calif., was officially closed on June 15.

MARY A. HICKEY,
Superintendent of Nurses.

THE AMERICAN DIETETIC ASSOCIATION will hold its seventh annual meeting at the New Ocean House, Swampscott, Mass., on October 13-16, 1924.

ANNUAL CONVENTION CANADIAN NURSES

The Canadian National Association of Trained Nurses held its annual convention

June 23-24, in the Royal Connaught Hotel, Hamilton, Ontario. About three hundred delegates from different points in Canada attended. Jeanne Browne, President, gave the address of welcome. Jeanne C. Wilson, treasurer, reported the total membership of all affiliated associations to be 10,929. June 24, Florence Emory, president of the health section of the organization, presided. Dr. Grant Fleming, deputy medical health officer of Toronto, gave an address on "A Public Health Program for the Preschool Child," stating that the necessities were hygienic living conditions, proper food, sufficient sleep, fresh air and training in good health habits, and emphasized the importance of safe milk. The next annual session will be held in Ottawa.

Colorado: Denver.—Mercy Hospital Alumnae Association held its annual election on June 5. The officers elected were: President, Rose Miller; vice president, Nora Moffitt; secretary, Rebecca Killey; treasurer, Lessie Chartrand. The annual picnic which the Juniors gave to the Seniors was held June 11, and the annual banquet of the Alumae on June 12. Commencement exercises were held May 22, and 19 students received diplomas which were presented by Right Rev. J. Henry Tihen, D.D., who also made the principal address. Dr. Robert M. Shea gave the opening address which followed the chapel exercises. A reception and dance followed the program. Children's Hospital held graduating exercises for a class of five on June 11. The address of welcome was given by Mrs. W. H. Kistler, the address to the class by Dr. G. P. Lingenfelter; diplomas were presented by Mrs. Oca Cushman, Superintendent of the School, and E. Luella Morrison, Superintendent of Nurses, presented the class pins. A reception and dancing followed the program.

Connecticut: Hartford.—Miss R. McConnell has been appointed Principal of the Training School for Nurses at the Hartford Hospital, to succeed Robina Stewart. Reverend Mother A. Valencia, Superintendent of St. Francis Hospital, observed the golden jubilee of her religious profession on June 12. Twenty-seven of those years were devoted to the care and building up of St. Francis Hospital. The growth is clearly manifested for during its first year 314 patients were cared for, while the last year 8382 were treated. The ability, and success with which the Superintendent carried out the task assigned to her are recorded in every chapter of the history of the institution. A woman of great intellectual power, she has had strength, moral, spiritual and physical, to labor for that future and to make it a glorious reality. Beneficiaries of the hospital residing in the vicinity of Hartford, together with the Hospital Staff and Nurses' Alumnae, handed Mother Valencia a check for $16,000. Monday evening all the nurses connected with the hospital, aided by the Alumnae, presented a play in honor of the occasion, and were entertained at a banquet. **New Haven.**—The Alumnae of the Connecticut Training School have held their monthly meetings at the Nurses' Domitory. The speakers at these meetings have brought interesting news of advancements which are being made in other fields of work. Appreciation of these talks has been shown by the large attendance at each meeting. The senior class attended the annual picnic, June 12, at St. Paul's Vacation Home, Woodmont. Officers for the year are: President, Katherine Flang; secretary, Harriett Gregory; treasurer, Mrs. Cora B. Conklin.

District of Columbia: Washington.—The League of Nursing Education held its monthly meeting at the Children's Hospital May 29. The principal subject discussed was, How to Interest the Nurses in Their Alumnae, State Association and the Red Cross. The general opinion was that this should be done before the nurse graduates and by presenting each student with application blanks for these associations before she leaves the school. A card party for the benefit of the Educational Fund of the League, which proved a financial success, was held in the New Willard Hotel ball room. The graduating classes of all of the schools of nursing in Washington were featured in the brown photogravure sheet of the *Washington Post*, the last Sunday in June. Gallagher Municipal Hospital dedicated four new psychopathic wards, at exercises at the hospital, during which nine nurses of the Capitol School of Nursing received diplomas. Cuno H. Rudolph, president of the

Board of District Commissioners, delivered the opening address and told of the plans for the building of the hospital. Representative L. C. Dyer of Missouri gave the principal address and stressed the need of adequate municipal hospital facilities. There were other speakers among whom were Catherine E. Moran, Superintendent of Nurses, and Dr. D. Percy Hickling, secretary of the School of Nursing.

Georgia: Chloe Jackson resigned her position as field representative for Georgia, of the Southern Division, American Red Cross, on June 1.

Illinois: Chicago.—The Central Council for Nursing Education gave a reception at the Nurses' Club on June 11, in honor of the wives of the members of the American Medical Association, who were attending the annual convention. A brief address was given by Dr. John M. Dodson, Executive Secretary of the Bureau of Health and Public Instruction, A. M. A., on the work of the Council. Dr. Dodson emphasized the importance of nurses being adequately prepared to meet the needs of the community. St. Anne's Hospital sent four members of the Alumnae to the Detroit Convention. I. Kost, R.N., is Acting Superintendent of the Illinois Training School for Nurses.

Indiana: Decatur.—The First District, Indiana State Nurses' Association, held its regular meeting at the Adams County Hospital, July 12, guests of Emilie Christ, Superintendent. Anna M. Holtman, president, presided. Forty-two members were present. The delegate to the A. N. A. Convention in Detroit gave a very interesting report which was greatly appreciated. The next meeting will be at Bluffton, at the City Library, September 13. The annual meeting will be held in Fort Wayne, November 8, at the Wolf and Dessauer Auditorium, beginning with a noon luncheon at $1.00 per plate; remittances to be made to Lottie Keller, Lutheran Hospital, Fort Wayne. Edna Foley, Superintendent of the Chicago Visiting Nurse Association, will be the principal speaker. **Hammond.**—The graduate nurses of St. Margaret's Hospital met at the hospital, June 5, to form their Alumnae. Miss Schmidt acted as chairman. The Constitution and By-Laws were discussed. The following officers were elected: President, Wilma M. Schmidt; vice president, Olive E. Porter; secretary-treasurer, Marie P. Gunschevich. Sister Fulgentia and Sister M. Humberta were made honorary members of the Alumnae.

Iowa: Iowa City.—The University of Iowa Hospital held graduating exercises for a class of 27 in June. The Nurses' Alumnae Association gave a dinner party at Red Ball Inn, the Senior nurses being their guests. Several greetings were received from members who were unable to attend.

Kansas: Topeka.—The Kansas State Board of Nurse Examiners will hold an examination for state registration August 19 and 20 in Newton. Nurses who will have finished their training on or before November 20, 1924, are eligible for this examination. Applications should be filed not later than August 6 with the Secretary of the Board, M. Helena Hailey, 961 Brooks Avenue, Topeka. **McPherson.**—Additional news in regard to the McPherson Training School commencement program which occurred on May 12. E. O. Hawkinson of Marquette, a member of the Board, presented the diplomas to the five members of the graduating class, stressing the high calling to which the young women have consecrated their lives. Dr. J. C. Hall, in behalf of the Institution, presented the class pins. The address was given by Dr. E. F. Pihlblad, President of Bethany College, Lindsborg, and President of the Board of Directors of the Hospital. Dr. Pihlblad gave many helpful suggestions to the graduates. The Nightingale Pledge was taken by the class. Special music was provided by the girls' quartette from McPherson College and the boys' glee club from Central College, also vocal selections.

Kentucky: Louisville.—The Kentucky State Association of Registered Nurses held its Eighteenth Annual Convention at the Brown Hotel, June 25-27. The President, Edith Edwards Bush, presided at the opening session. The invocation was by Bishop Woodcock; the address of welcome by Mayor Huston Quinn, was responded to by Harriett Cleek of Lexington. Addresses were given by Mrs. Ben W. Bayless, President of the Kentucky Federation of Woman's Clubs; and

Dr. Ira Kearns of Louisville, on Coöperation Between Nurse and Doctor. The State League of Nursing Education was called to order by its chairman, Lee Guthrie of Franklin. Splendid papers were read on, What We Need Most in Our Training Schools, by Flora E. Keen of Somerset, Secretary of the State Board of Nurse Examiners; The Training of the Nurse, by Sister Mary Benigna of Lexington (Read by Margaret Lynch). Dr. Stewart Graves, Dean of the Medical Department of the University of Louisville, gave a talk on Combining a University Course with Nurses Training. An automobile tour of the city followed with a stop for refreshments at the Deaconess Hospital. At 6:30 a reception was held at the Jefferson County Graduate Nurses' Club, with Jo O'Connor, Registrar, as hostess. June 26, Edith E. Bush presided. Invocation by Father Raffo of Louisville, followed by a splendid address by Mrs. George H. Webb, Governor of the Fifth District of Kentucky Federation of Women's Clubs. A joint meeting of the State Association of Public Health Nurses and the State Association of Registered Nurses was held. A paper, Public Health from the Standpoint of an Industrial Nurse, by Willie Offutt and read by Mr. Conley of the Louisville Sanitary Manufacturing Company, was greatly appriciated as it gave views to the nurses on a comparatively new field for the South. Moving picture demonstrations were given by Dr. Barnett Owen, Orthopedist. A paper on Infant Feeding, by Dr. James Bruce, which was followed by a discussion by Mrs. E. L. Parmalee of the Public Health Association, was very instructive. Georgia Baxter, chairman of the Private Duty Section, presided at the afternoon session. A paper on The Evolution of the Nurse, was given by Dr. Irvin Abell of Louisville, and followed by Some Recent Technical Diagnostic and Therapeutic Procedures the Private Duty Nurse Should Know, by Dr. Virgil Simpson of Louisville. The Private Duty Nurse from the Patient's Standpoint, by Mary V. O'Brien of Lexington, and The Nurse's Relation to Patients and Their Relations, by Dr. Stucky of Lexington. Following an address by the President, Edith E. Bush, the following officers were elected: President, Edith Edwards Bush, 1119 S. Fourth Avenue, Louisville; vice presidents, Florence McClelland, Flora Gates; recording secretary, Sue Parker; corresponding secretary, Jane A. Hambelton, 922 South Sixth Street, Louisville; treasurer, Gertrude M. Bethell. At a dinner given at the Brown Hotel one of the interesting features was a table for the past presidents of the Association. Of the twelve, six were able to attend; among these was Laura Wilson of Boston, one of the first presidents and who was Superintendent of the Louisville Children's Free Hospital for years. The principal speaker was Dr. Royal Clyde Ague, Director of the Post War Service of the Washington Division of the American Red Cross. Following the dinner all were guests at a theater party given by the Louisville Convention and Publicity League. An Executive Board meeting was held on the morning of June 27. Invocation by Rev. E. Y. Mullins. Dr. Ora K. Mason of Murray gave a paper on Hydrotherapy, the Importance of Its Use in Hospitals; Dr. A. P. Williams of Louisville, a paper on Oral Hygiene; Nora Kirch, Manager of the Woman's Department, Louisville Trust Company, a paper on A New World. Reports were given by the committees of the Eastern and Western Districts of Kentucky State Associations of Registered Nurses, and other business was transacted. Next year the convention will be held in Lexington. The Western District of the Kentucky State Association of Registered Nurses held its annual meeting June 3, at the Public Library. The meetings have been unusually well attended during the year. After the election of officers a social hour followed, with music and refreshments. Officers for 1924-1925: President, Anna E. Flynn; vice president, Emma Conway; secretary, Emma Isaacs; treasurer, Mrs. Pearl Schlosser; directors for three years, Mrs. Myrtle Applegate and Florence McClelland. The annual meeting of the Alumnae Association of the Norton Memorial Infirmary was held on June 24, at the nurses home. After the routine business, officers were elected for the year: President, Carolyn L. Jones; vice president, Ruth Gamble; secretary, Mrs. E. R. Gernert; treasurer, Emma Isaacs.

Louisiana: New Orleans.—The Louisi-

ANNA COLORED STATE GRADUATE AND REGISTERED NURSES' ASSOCIATION held its sixth annual meeting June 9-11. June 8 the nurses attended Mount Zion M. E. Church in a body. June 9, the meeting convened at 8:30, Mrs. I. A. Carter presiding. Invocation by Dr. J. R. Heath. After the transaction of business, several lectures were given. Dr. Rene Crawford on The Care of the New Born; Dr. Hobson, Tuberculosis; Mrs. E. K. Edwards, Outlines of Health Interests; Dr. J. A. Hardin, Distribution and Therapy of Calcium Salts. June 10, the Institute opened at nine o'clock. Violet Harrison spoke on Social Work; C. A. M. Lehman, on School Work; Dr. Lobbenhoffer, on Morbidity Rate and Prevention of Tuberculosis in the Colored Race. At the afternoon session Dr. O. V. Cooper spoke on, The Trained Nurse a Necessity Rather Than a Luxury; Dr. Lopez, Mental Diseases; Dr. J. R. Coker, Infant Feeding, and Dr. R. Frederick on Cancer of the Uterus. A business session followed. June 11, Grace D. Davis, an Army nurse from Tuskegee, U. S. V. Bureau No. 91, gave a talk on Army Nursing; Miss Morris on State Board of Health; Dr. J. E. Simms, The Throat; Dr. Park Howell, The Eye; Mrs. M. B. Thornhill spoke on The Duty of the Nurse; Dr. F. T. Jones, Bacteriology; Dr. R. J. Vining, Infection, followed by the President's message. The officers elected were: President, Susie A. Carter; vice presidents, Susie K. Edwards, Sarah J. Buddington; financial secretary, Helen Payne; recording secretary, Mrs. May Ruth Thornhill; treasurer, Eola V. Lyons; state organizer, Viola Dominque. The meetings closed with a banquet at Economy Hall.

At a meeting of the Louisiana State Board of Nurse Examiners, Dr. John T. Crebbin, 1210 Maison Blanche, was reflected president and Julia C. Tebo, 27 Cusachs Building, was elected secretary-treasurer. The semi-annual examination of the Louisianna State Board of Examiners was held in New Orleans and Shreveport, June 16 and 17. Sixty-seven applicants qualified as registered nurses, four of whom are colored.

Maine: Portland.—THE WESTERN DISTRICT OF THE MAINE STATE NURSES' ASSOCIATION met and banqueted at the Columbia Hotel. More than a hundred nurses were seated at the table. A new experiment was tried when three Alumnae Associations invited the senior students in training in their respective hospitals, to be their guests for the evening. This we hope will stimulate an interest in the soon to graduate nurse, in her alumnae and State Association. Witty stories were at each plate and were read between courses, interspersed with music. After the banquet Mrs. Jane Provost, Registrar for the Central Directory, Portland, gave a talk on The Private Duty Nurse and the Public. A business meeting followed and the rest of the evening was spent in games for which prizes were given, and dancing. The MAINE GENERAL HOSPITAL ALUMNAE ASSOCIATION held its triannual banquet June 5. This custom has been observed for the past twenty years. The oldest class which was represented was that of 1887 and the largest delegation came from the class of 1906. A pleasant time was enjoyed by all.

Massachusetts: Boston.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its annual meeting on June 6 and 7, in the Lecture Hall of the Boston Public Library. The Public Health Nursing Section, Helen B Fowler, Chairman, presiding, opened the two days' program. Dr. Armeni Kleim spoke on Body Mechanism. Dr. R. W. Lovett of Boston spoke on the Treatment of Infantile Paralysis, and emphasized the importance of the work of nurses in disseminating the latest knowledge and thereby helping to maintain permanent recoveries. By-laws of the Section were approved and adopted and there were gratifying reports from Branch County Sections. Officers elected were: Secretary, Mary E. Ayer; chairman, Helen R. Fowler; vice chairman, Willarette Sears. In the afternoon there was a meeting of the Private Duty Section, Minnie S. Hollingsworth, presiding. Round table discussions were held, reports were read from counties, and other business was transacted. At the round table the nurses discussed ways and means for bringing private duty nurses into closer touch with the newer methods and nursing procedures in hospitals. Boston hospitals extended a cordial invitation to nurses to attend the training school lectures and observe methods. An

interesting report of the meeting held in Brocton was given. Officers elected were: President, Minnie S. Hollingsworth; vice president, Martha J. Avard; secretary, Anne Radford. In the evening a general session of the Massachusetts State Nurses' Association was held, Carrie M. Hall, President, presiding. Annual reports of the Recording Secretary and State Red Cross were read. The address of the evening was given by Dr. Edwin H. Place, Physician in Chief of the South Department of Boston City Hospital. The lecture was appreciated and enjoyed and furnished much valuable information to the nurses. On June 7, the State League of Nursing Education met in the class rooms of the Massachusetts General Hospital, Sally Johnson, President, presiding. A round table was conducted by Mabel McVickar, Assistant Superintendent of Nurses at Peter Bent Brigham Hospital, on What Opportunities Does Head Nursing Offer for Teaching? Margaret Vickery, Instructor at the Children's Hospital, Boston, conducted a round table on Discussion of an Experiment in the Teaching of Medical Diseases. A demonstration of procedures by preliminary students was in charge of Annabella McCrae, Instructor in Practical Nursing at Massachusetts General Hospital. The State League meetings were largely attended and much interest shown. Officers elected were: President, Sally Johnson; vice president, Jessie E. Catton; secretary-treasurer, Ruth Humphreys. At the afternoon session the annual busines meeting of the State Association was held, Carrie M. Hall, President, presiding. Reports were presented by officers, committees, the New England Division Red Cross, and from various Section and Branch Counties. Sally Johnson, Chairman of the Legislative Committee reported that following the "Leave to Withdraw" given to the Nurses' Bill presented to the Legislature during the year, the Committee had been notified that the Bill, among others pending, had been referred to a Special Committee for further investigation and study. Officers for the coming year are: President, Carrie M. Hall, Petef Bent Brigham Hospital, Boston; vice presidents, Bertha M. Allen, Newton Lower Falls, and Melissa J. Cook, Melrose; recording secretary, Mary Alice McMahon, Boston; corresponding secretary, Jessie E. Catton, New England Hospital for Women and Children, Boston; treasurer, Emma M. Nichols, 36 Maxfield Street, West Roxbury. **Waverly.**—R. Helen Clelland has accepted the position of Superintendent of Nurses and Principal of the Training School for Nurses at the McLean Hospital. **Westfield.**—The Noble Hospital Alumnae Association recently held its June banquet in the Rose Room at the new Parks Square Hotel. A very pleasant evening was enjoyed by all. **Worcester.**—The Worcester State Hospital Alumnae Association met June 26 at the hospital. After a short business meeting the members adjourned to the Trustee Room where the members of the Alumnae and the class of 1924 were presented to Linda Richards, first graduate nurse of America, and former Superintendent of Nurses of the Worcester State Hospital, who was guest of honor for the day. The president then welcomed the honorary members and the class of 1924, with a few well chosen words. Miss Richards spoke of the association at the time when she was superintendent of the hospital, of the difference in training and of the opportunities of the nurses of that time and of today. Elizabeth Brown ('22), presented Miss Richards with ten dollars in gold, from the members of the Alumnae Association. The Class Prophecy was pleasingly delivered by Anna Walsh. May Quilty ('26), presented gifts from the Superintendent of Nurses, her assistant, and the class of '26, to the class of '24. Dr. William A. Bryan, Superintendent of the hospital, presented a prize of five dollars in gold to Sarah Reardon ('24), for the best suggestion for improving the hospital and living conditions for the patients. After the unveiling of the pictures of Florence Nightingale, Dorothea Dix and Elizabeth Frye, Dr. Bryan gave a splendid address. Refreshments were served and the guests then inspected the new patients' cafeteria. Worcester State Hospital Training School held graduating exercises in Sargent Hall for a class of nine, June 26. Kathleen McElhinney received the Linda Richards prize, Sarah Reardon the Bryan prize. Linda Richards was guest of honor and addressed the class.

Michigan: Battle Creek.—The Battle

Creek Sanitarium held graduating exercises for a class of forty-six, on June 10. The Battle Creek Sanitarium and Hospital School for Nursing Alumnae Association held their forty-year reunion, June 10-13. More than 275 alumnae registered for the festivities. There were present members from every class except three. Many of the members attended the Biennial in Detroit. An interesting historical exhibit was prepared for the occasion, one feature of which was a visualization of the education of the nurse forty years ago and the nurse of the present. On one side of a table reposed a copy of Weeks (long the only text for nurses), on the other a towering pile of the books in common use today. **Detroit.**—Katherine G. Kimmick, a graduate of the Rochester General Hospital, Rochester, N. Y., and also a graduate of Teachers College, Columbia University, New York City, will be the director of the new school of nursing and hygiene at the Henry Ford Hospital, which will admit its first class in January, 1925. The course of instruction will cover a period of two years and four months, and will be divided into a preparatory period of four months, the junior or first year, and the senior or second year. Two classes will be admitted annually, one in January and one in September. Applications are now being received. The first class will be limited to 100.

Minnesota: New Prague.—A small hospital was recently opened, with Esther Wolf of Asbury Hospital, Minneapolis, as superintendent.

Missouri: St. Louis.—A marble tablet and memorial drinking fountain were unveiled on May 29 at the Public Library in Sarnia, Ontario, in memory of Helen Barrie, a former school nurse, who died on May 23, 1923. Miss Barrie was a graduate of the St. Louis Protestant Hospital, St. Louis, class of 1894. After some years of private duty she returned to her home in Sarnia, where she was the pioneer nurse of the town. Grace Lieurance has resigned her position as Superintendent of St. Luke's School of Nursing, and is returning to Columbia University, New York City, to continue her work there, which she began several years ago.

New Hampshire: Concord.—The Graduate Nurses' Association of New Hampshire held its annual meeting on June 11, in the Historical Building. Mr. Butterfield gave a very interesting talk on Nursing Education and the Growth of Training Schools, and Miss Ayres read a paper prepared by Miss Newball, on The Private Duty Nurse. Miss Lockerby, the president, talked on the meeting of the Federation of Women's Clubs, held at Clearmont. Three nurses were appointed to the field day of the Federation to be held at Hanover. Committees were appointed on Publicity and Printing, Bulah B. Richards, Chairman; Public Health, Edna Crough, Chairman. At the afternoon session, Anna Lockerby, presiding, Judge Cowing welcomed the nurses to Concord, and to the Historical Building in particular, as a trustee of that society. Miss Nelson gave an address on Red Cross activities. Dr. Fred Clow of Wolfboro, gave a very interesting and instructive talk on Hospital Work and Administration in London, England. The officers elected were: President, Mrs. Ethelyn Dutcher Jenkins, Concord; vice-presidents, Elizabeth Murphy, Concord; and Anna Harrington of Manchester; secretary, Helen T. Carlson, 194 Concord Street, Manchester; treasurer, Florence A. Morrill, Concord. The September meeting will be held in Keene, at the Elliott Community Hospital.

New Jersey: Plainfield.—Muhlenberg Hospital School of Nursing held graduating exercises in the Hartridge Auditorium, May 29, for a class of 11. The address was given by Dr. John H. Finley, of the *New York Times* editorial staff; H. H. Pond, President of the Hospital Board of Governors, presented the diplomas and Dr. Frederic J. Hughes, medical director of the institution, the pins. The Nightingale Pledge was administered by Henry Condit Munger, of the Training School Committee, and Annie E. Rece presented the prizes for high standing in class work and general proficiency in nursing.

New York: Brooklyn.—For the benefit of the new Nurses' Home of the Swedish Hospital, a song recital was given at the Bijou Theater, New York, June 15, by Allen Prior, the noted Australian tenor. The use of the theater was obtained through the

courtesy of Messrs. Lee and J. J. Shubert.

Middletown.—The Middletown State Homeopathic Hospital School of Nursing held graduating exercises on June 18 for a class of twelve. The address was given by Rev. Octavius Applegate; diplomas were presented by the Superintendent, Dr. Robert Woodman. J. Floyd Halstead, a member of the Board of Managers, presented the Managers' prize which is annually given for the highest percentage in the final examination. Gertrude Ethel Goodale received a gold case thermometer. On June 19 a reception and banquet were given the graduates and students. The Middletown State Homeopathic Hospital Alumnae Association held its annual meeting on June 18. There were twelve applications for membership. The following officers were elected: President, Agnes M. Slawson; vice-president, Annie Nearn; secretary, Elizabeth Masterson; treasurer, A. Alvarez. **New York City.**—The Intermediate Class of St. Luke's Training School gave a farewell party to Mrs. Bath and presented her with a handsome traveling clock. Refreshments were served and dancing was enjoyed in the parlor of the Vanderbilt. On May 29, the Alumnae Association gave a farewell reception to Mrs. Bath, and in spite of a heavy rain, more than 175 alumnae were present. The graduating class joined with the alumnae in wishing Mrs. Bath Godspeed. Practically every class that had known Mrs. Bath was represented at the reception. Out of 985 nurses graduated from St. Luke's Hospital, 593 have been graduated under Mrs. Bath's regime. The student body of the Metropolitan Hospital School of Nursing raised money to send two student nurses to the Biennial Convention in Detroit, and were very enthusiastic about having representatives there. Anna Scott, an instructor, attended the Convention and Jessie P. Allen represented the Alumnae Association. **Rome.**—The Rome Hospital School of Nursing held graduating exercises on April 29, in Masonic Hall. Dr. Augustus S. Downing of Albany gave the address of the evening, which was greatly appreciated by the large gathering of nurses and their friends. Gladys Jones of Wilkes-Barre, Pa., received a scholarship which entitles her to four months' training at the Henry Street Settlement, as a part of her three years' course. Refreshments were served and dancing enjoyed after the exercises. **Saranac Lake.**—The Saranac Lake Graduate Nurses' Association, District No. 8, held its regular meeting, June 3, in the Trudeau Memorial Room. The feature of the meeting was the reading of the April number of the *State Bulletin* of the State Nurses' Association by Miss DeWard. **Brooklyn.**—The Brooklyn Hospital Training School Alumnae gave a dinner to the graduating class, on June 28, at the Commodore Hotel, New York. Sixty-five members were present. Miss Holt, a charter member who has been treasurer for many years, gave a very interesting history of the society since its beginning. Miss Burt also gave an address.

North Carolina: Winston-Salem.—The North Carolina State Nurses' Association held its twenty-second annual convention May 27-29, with 150 nurses in attendance. The program was varied and interesting, the business was conducted with order and celerity. The entertainments featuring rides, teas, luncheons, musical programs and festivals generously provided by the clubs of Winston-Salem, and the nurses of District No. 2, were most delightful; and last but not least, the daily papers of the city carried excellent reports of each session. Asheville was selected as the 1925 meeting place, in response to a cordial invitation. Invitations also came from Raleigh and Charlotte. The Association will join the State Conference of Social Work, for one year. The Legislative Committee composed of Mary Laxton, Chairman, Miss Toomer and Miss Myers, represents the Association on a joint committee for the revision of the nurse practice laws, the other three members being from the Hospital Association. The committee expects to convene several times before the next regular session of the legislature to work out the proper details on the proposed changes in the law. North Carolina was the first state in the Union to have a nurses' registration law, the bill being passed in 1903. The Association founded in 1902 has grown from a membership of 38 to more than 500, and now feels that the time has come to make some changes in the law

to conform to the advances in nursing education and standards. The following officers were elected: President, Blanche Stafford; vice-presidents, Katherine Myers, Mary P. Oliver; secretary, Edna Heinzerling; treasurer, Jessie McLean; directors, Mary P. Shaw, Mrs. E. F. Long. Mrs. Blanche Lamb was elected chairman of the Public Health Section; vice-chairman, Lucia Freeman; secretary, Marion Edwards. In her presidential address, Miss Stafford spoke of the opportunity and pleasure it afforded Winston-Salem to entertain the Association. Mary Sheets of Winston-Salem gave many valuable suggestions in regard to Caring for the Aged. Carrie Faires of Charlotte read a paper by May Houston of Wilmington, What Twelve Hour Duty has Meant to Me. The paper was based on the following quotation from the *American Journal of Nursing*: "We comfort, heal and educate only when our bodies and minds are sound, when our spirits are unbroken, and when our capacities are not taxed beyond human endurance." In an address of marked interest, Lillian Manor, Rural School Supervisor of Lexington, told of her experience in Junior Red Cross work in a super-rural county in eastern South Carolina. She spoke of the great need of the children in small schools for social and inspirational activities. Abbie Roberts of Peabody College, Nashville, Tenn., spoke on The Value of Special Training for Public Health Nurses; Dr. O. L. Miller gave a very interesting illustrated lecture on the work done at the Orthopedic Hospital; Bessie Chapman's subject was Recreation for the Student Nurse, which was followed by a lively discussion. Jane Van De Vrede talked very interestingly on How a Nurse May Overcome the Deficiencies of Early Home Training. **Asheville.**—The regular monthly meeting of District 1 was held in July. Mrs. Shive (Belle Setzer), who has returned for a year's furlough from the Belgian Congo, gave a most inspiring address on the health conditions in Central Africa, and made an earnest plea for more nurses for missionary work. She is working under the Presbyterian Board of Missions. Annie Gray is engaged in similar work in Korea, Asia.

Ohio: Columbus.—The Protestant-White Cross Alumnae Association held a two-day Homecoming June 5 and 6, following commencement week. This completed the thirty-second year of the Training School, which is the oldest in Central Ohio. The program included a tea at the Nurses' Home, an educational meeting, a picnic luncheon, and ended with a banquet at which the class of 1924 were honored guests. A large and enthusiastic group was present, many coming from outside the state. The White Cross Hospital has just completed an addition to the Nurses' Home with modern comforts and will soon begin the building of a two hundred bed addition to the hospital. **Delaware.**—The Delaware Springs Sanitarium held graduating exercises for a class of nine on June 12. The annual meeting of the Alumnae Association was held on June 13. New officers were elected and the graduating class received into the organization. On June 14, a dance was given in honor of the class of 1924. **Loraine.**—The Alumnae Association and the Sisters of St. Joseph's Hospital, wish to thank the nurses from Chicago, Cincinnati, Cleveland and the surrounding towns, for their help and kindness in relieving the suffering people injured in the cyclone which hit Loraine on June 26.

Oregon:—The Annual Convention of the Oregon State Nurses' Association, was held in the Central Library, Portland, on June 10. The morning session was given over chiefly to business. After registration, the invocation by Rev. W. S. Gilbert was followed by an address. Emily L. Loveridge, Superintendent of Good Samaritan Hospital, gave an address on Problems of the Nursing Profession of Today and Tomorrow. The afternoon program included the following addresses: The Type of Women Needed in the Nursing Profession, by Jane V. Doyle; Some Recent Achievements and Issues in the Nursing Profession, Helen Hartley; Service Ideals of Modern Professions, Dr. P. A. Parsons. An informal reception was held in the evening by Jane V. Doyle. Officers elected were: President, Grace Phelps, 616 Lovejoy Street, Portland; vice-presidents, Helen Hartley of Portland and Grace Taylor of Salem; secretary, Marie Hershey, 772 Everett Street, Portland; treasurer, Clara Motley, Portland.

On May 12, the nurses for the first time took part in the Oregon State Federation activities. Grace Phelps, president of the Oregon State Nurses' Association, presided. The program included: Nursing as a Profession and the Type of Woman Needed, Jane V. Doyle; Schools of Nursing as Educational Institutions, Cecil L. Schreyer; The Graduate Nurse—Where She Is Found, Martha Randall; Oregon's Needs and Opportunities in Nursing, Helen Hartley. On May 12, Hospital Day was observed, all of the hospitals holding open house.

Pennsylvania: The Graduate Nurses Association of Pennsylvania will hold its annual convention in Reading, October 27, through November 1. The Berkshire Hotel has been selected for Headquarters. Joint meetings will be held in Trinity Lutheran Chapel and Headquarters of the Berks County Chapter, American Red Cross. The Arrangements Committee requests that nurses expecting to attend the convention make application for reservation of rooms at their earliest convenience. Address, Berkshire Hotel, Fifth and Washington Streets, Reading, Pa. Rates: $2.50 to $3.00 a day without bath, $3.50 to $4.50 a day with bath, $1.50 extra a day for two in a room. **Philadelphia.**—The Samaritan Nurses' Alumnae Association held its first annual banquet June 23, at the Arcadia Cafe. There were eighty-six graduates present, representing classes from 1895 to 1924. Elizabeth Miller acted as toastmistress. The last meeting for the summer, of the Alumnae Association was held on June 24. The graduating class of seventeen members was present. Margaret Dunlop, directress of the Pennsylvania Hospital, Philadelphia, spoke on Alumnae Advantages and Privileges. A social hour followed. The Protestant Episcopal Hospital held graduating exercises in the chapel on May 22, for a class of 28. The Alumnae Association gave the class a motor trip to Valley Forge, followed by a dinner at the Jeffersonville Inn, Jeffersonville. On May 24 the members of the Alumnae gave a tea at the Nurses' Home, at which a number of the former graduates were present, as well as the class of 1924. The Mount Sinai Hospital held graduating exercises on May 28, at the Progress Club for a class of 7. The Alumnae Association entertained the graduating class at the theater, followed by a dinner, on May 22. The Nurses' Training School of the Woman's Hospital of Philadelphia graduated a class of nineteen on May 21. Rev. Casswell McBee gave the invocation. Dr. Ann Gibson of the Hospital Staff and Major Julia C. Stimson of the Army Nurse Corps addressed the class. Margaret P. Saunders, president of the Board of Managers, presented the diplomas. Class Day was held May 20. The class was entertained at a tea, May 24, given by the Alumnae Association at the home of Margaret Coe. **Danville.**—The George F. Geisinger Memorial Hospital Training School held its seventh annual commencement on June 13, at the Victoria Theater, for a class of 13. An inspiring address was given by Dr. Harry Fish of Sayre. The diplomas were presented by Dr. William J. Mayo of Rochester, Minn. **DuBois.**—The Maple Avenue Hospital held graduating exercises for a class of four, in the First Presbyterian Church, July 2. A reception in the lecture room of the church followed. The Alumnae Association gave a dinner at a hotel, followed by a dance in the Elks' Ball Room, in honor of the graduating class.

Rhode Island: Providence.—The Rhode Island State Nurses' Association, the Rhode Island League of Nursing Education and the Rhode Island Branch of the National Organization for Public Health Nursing held a joint session July 9, to hear reports of the delegates to the Convention in Detroit. The meeting was held on the grounds of the City Hospital. About one hundred members were present. The Rhode Island State Hospital held graduating exercises in the service building for a class of 48. Isabel Stewart of Teachers College, New York, gave an illustrated address on The Early History of Nursing. The Rhode Island Nurses Alumnae held its monthly meeting at the Nurses' Home on May 27. Elizabeth Bury gave a most interesting account of her experience while nursing in the Near East. The Rhode Island Hospital Alumnae Association met on the hospital grounds, June 30. After the business meeting, Ada C. Ayers gave a most interesting report of the Biennial

Convention in Detroit. St. Joseph's Hospital graduated a class of 30 on May 21. The exercises were held in Cathedral Hall and the address given by Bishop Hickey, who also presented the diplomas. THE HOMEOPATHIC HOSPITAL held graduating exercises on May 26, at the Plantations Club. Dr. Mabel Elliott, formerly of the American Woman's Hospital in Turkey and allied with the Near East Relief, was the speaker of the evening. The Alumnae Association held its last meeting for the summer, at the new hospital in Chalkstone Avenue, June 3. The members were shown through the new building which is rapidly nearing completion. A basket supper was held at the home of Miss Perkins. THE BUTLER HOSPITAL held graduating exercises in Ray Hall, May 27. Mrs. Ann How, Superintendent of Nurses at the Children's Hospital, New York, described the work done at that hospital. **Pawtucket.**—THE MEMORIAL HOSPITAL held graduating exercises for a class of 12, June 4, at the Hospital. Dr. Charles V. Chapin of Providence was the speaker. A reception and dance were given the class in the evening, at the Nurses' Home. The Alumnae Association held its annual banquet on June 3, at the Plantations Club in Providence, with the class of 1924 as guests. The class read its history, prophecy and will. **Woonsocket.**—THE WOONSOCKET NURSES' ALUMNAE ASSOCIATION entertained their friends at a bridge party at St. Charles Clinic, June 9. The last meeting was held at the Clinic, June 17; plans were made for an outing in August.

Texas: Dallas.—THE GRADUATE NURSES' ASSOCIATION OF TEXAS, THE LEAGUE OF NURSING EDUCATION and THE PUBLIC HEALTH NURSING ORGANIZATION held their Seventeenth Annual Convention on June 11-13. The invocation was by Rev. Charles Snowdon, followed by the address of welcome by Mayor Blaylock, with responses by Katherine Kitchell, Galveston; Mrs. L. M. McCall, San Antonio, and Mary Butler, El Paso. Mary Grigsby of Waco gave the president's address. Following several short addresses, Molly Hines, Fort Worth, presided at the Private Duty Section. Papers were read and there was a round table discussion on Private Duty subjects. Ella Reed, president, presided at the meeting of the League of Nursing Education, and also gave the president's address. Several interesting papers were read and demonstrations were given. The Graduate Nurses' Association held a meeting on the afternoon of June 12, after which a banquet was held at Adolphus Hotel. The Red Cross held a meeting June 13, Aline McDonald presiding. Dr. M. W. Sherwood, Texas State Commander, American Legion, of Temple, spoke on The Red Cross Nurse in Peace and War, which was followed by a round table discussion. An address was given by Hon. T. W. Davidson, Lieutenant Governor of Texas. The Organization of Public Health Nursing held its session in the afternoon of the last day. After the transaction of business, Ella Yeager, Rockdale, gave the president's address. Interesting papers were read, round tables were held and election of officers. In the evening the nurses who were going to attend the Biennial Convention took the special train for Detroit.

Utah: Salt Lake City.—THE DR. W. H. GROVES LATTER DAY SAINTS HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on May 23. Officers elected were: President, Lucy Pocock; vice-president, Mrs. Jessie C. Hammond; secretary, Viola Bramwell, Latter Day Saints Hospital, Salt Lake City; treasurer, Anna Rosenkilde. A class of 25 were graduated on May 27. The annual "Home Coming" party was held on June 10, at the Nurses' Home.

Washington:—THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION met June 10, 11, 12 at Hotel Davenport, Spokane. Private duty discussion centered on twelve vs. twenty-four hour duty. The consensus of opinion was that twelve hour duty would soon be an assured fact. Among the valuable papers read were, one on Investments by Seth Richards and one on Central Registries by Cora M. Gillespie. Mrs. Elizabeth Soule discussed Nursing, a University Subject, and brought out the fact that nursing is so young a profession that it still has not a sufficient body of literature to give a complete background for University study. Myrtle Herbert, the first dental hygienist employed by the Pacific Coast Division discussed Dental Hygiene in the city schools of Spokane and Dr.

Cunningham described hospitals and the lack of modern nursing in South America. The following officers were elected: President, Ella W. Harrison, Everett; secretary, Cora E. Gillespie, Seattle. **Seattle.**—The Providence Hospital held graduating exercises for a class of 14, May 27, at the Nurses' Home. The address was given by Rev. T. A. Ryan, Chancellor, and the diplomas and pins were presented by Harry A. Shaw, M.D., Dean of School.

Wisconsin: Eau Claire.—The Tenth District Nurses' Association held its June meeting in Carson Park, where a picnic supper was enjoyed by all. On July 8, a meeting was held at Luther Hospital, and very interesting reports of the Detroit Convention were given by Tora Johnson, M. Jacobsen and M. Gehring. A further report will be given by Cara Lewis. The new officers for the year are: President, Tora Johnson; vice-president, Clara Christensen; secretary, Regina Ryan; treasurer, Margaret Powers. **Madison.**—Helen I. Denne, A.B., R.N., assistant superintendent of the Presbyterian Hospital School of Nursing, Chicago, has been appointed Director of the School of Nursing now being organized in the School of Medicine of the University of Wisconsin.

Wyoming: Sheridan.—The Wyoming State Nurses' Association held most enthusiastic and successful meetings on June 27 and 28. Mrs. Janette Peterson, President of the California Association was an honored guest. Much of the spirit of the Detroit meeting was brought to the Association by Mrs. Peterson, as well as by the official delegate, Mrs. Fred W. Phifer. The Alumnae Association of the Sheridan Memorial Hospital was aided in the local entertainment of the Convention by the U. S. Veterans' Hospital 86, of Fort McKenzie. The Association was the guest of Hospital 86 for one entire day and luncheon and tea were served in the Nurses' Quarters. The tour of the hospital was extremely interesting and instructive. A step forward made by the Association is the establishment of permanent State Headquarters, which will be in charge of Mrs. H. C. Olsen, 3122 Warren Avenue, Cheyenne, who is also secretary of the State Board of Nurse Examiners. The Association also went on record as giving its support to the strict support of Wyoming's compulsory registration law. **Wheatland.**—The Wheatland General Hospital held graduating exercises May 10-12 for a class of five. A reception was given on the evening of the 10th, to enable the town people to meet the Seniors and to greet Alma Nelson, Director of the Training School, who has returned after a year's leave of absence. The address was given by Dr. A. G. Crane, President of the State University. Diplomas and pins were presented to the graduates.

MARRIAGES

Mae Bain (class of 1921, Auburn City Hospital, Auburn, N. Y.), to J. J. Sullivan, May 14.

Gertrude C. Blake (class of 1922, St. Francis School for Nurses, Hartford, Conn.), to John Reagan, July 2. At home, Simsbury, Conn.

Pauline Bowman (class of 1921, Christ Hospital, Cincinnati, O.), to Vincent Smith, M.D., June 14. At home, St. Bernard, O.

M. Helen Breakley (class of 1921, Maple Avenue Hospital, DuBois, Pa.), to Robert H. Ross, June 14. At home, DuBois.

Edith Bullis (class of 1918, The Grace Hospital, Detroit, Mich.), to Henry Steinbach, M.D., June 3. At home, Detroit.

Marita Burge (University of Iowa Hospital, Iowa City), to Robert A. Culbertson, M.D., June 3. At home, Iowa City.

Alice H. Corbin (class of 1918, City Hospital, St. Louis, Mo.), to Roy L. Richards, June 11. At home, Columbia, Mo.

Stella Doty (class of 1923, Erlanger Hospital, Chattanooga, Tenn.), to Ira Moore, June 28. At home, Chattanooga.

Alice Dunbar (class of 1919, St. John's Hospital, Yonkers, to Edward G. Browne, June 16.

Bertha M. Gaeble (class of 1921, Christ Hospital, Cincinnati, O.), to Howard Acom, June 27.

Kathryn A. Hann (class of 1922, General Hospital, Devils Lake, N. D.), to Otto C. Ellison, June 2. At home, Minot, N. D.

Harriet Hen (class of 1913, Hahnemann Hospital, Philadelphia, Pa.), to Sidney B. Conger, M.D., June 14. At home, Chicago.

Theresa E. Herbes (class of 1923, St. Anne's Hospital, Chicago, Ill.), to W. A. Perez, June 4. At home, Chicago.

Ella B. Hogan (class of 1919, St. Francis School for Nurses, Hartford, Conn.), to James T. Bray, June 2. At home, Torrington, Conn.

Flora A. Kunzi (class of 1922, Lutheran Hospital, Sioux City, Ia.), to Fred Fuchser, June 25.

Josephine E. LeRoy (class of 1923, Protestant Episcopal Hospital, Philadelphia), to Edward Roland Hill, M.D., June 9.

Anna I. Merchitis (class of 1919, Pottsville Hospital, Pottsville, Pa.), to Gordon H. Pollock, June 4. At home, Lansford, Pa.

Laura Murphy (class of 1920, Metropolitan Hospital School of Nursing, Welfare Island, New York), to Earl Nightingale, June 23.

Ursula Clark Noyes (Boston City Hospital, Boston, Mass.), to Frank Warner Brooks, June 21.

Ethel Lorraine Peacock (class of 1918, Christ's Hospital, Topeka, Kans.), to George Lynn, June 30. At home, New Haven, Conn.

Ruby Rebart (class of 1922, St. Joseph's Hospital, Lorain, Ohio), to Roland Coulton, June 14.

Louise Silver (class of 1922, Brantford General Hospital, Brantford, Ont.), to Daniel Russell, June 4. At home, Detroit.

Clara A. Wilson (class of 1923, Christ Hospital, Cincinnati, O.), to John F. Fielman, June 19. At home, Cincinnati.

DEATHS

Emma Bush (class of 1890, Auburn City Hospital, Auburn, N. Y.), on May 29, at Auburn, after a lingering illness. Miss Bush was a splendid type of woman and an excellent nurse; she will be greatly missed by her many associates and friends.

Martha Carman (West Philadelphia Hospital for Women) on June 12, suddenly, at Ithaca, N. Y.

Elizabeth Ophelia Clinkscales (class of 1913, Retreat for the Sick, Richmond, Va.), on June 17, at her home in Abbeville, S .C. Miss Clinkscales took a postgraduate course at the State Hospital, Columbia, S. C., and later was Dean of Nurses at that institution. She held the same position in the State Hospital, Providence, R. I., and the Georgia Baptist Hospital, Atlanta, Ga., from which she resigned in 1921, on account of ill health. As Councillor of the South Carolina Graduate Nurses' Association and as a member of the South Carolina State Board of Nurse Examiners, she gave of her services with the same enthusiasm and untiring energy that characterized her entire professional career. She loved her chosen field of labor. As a Red Cross Nurse, Miss Clinkscales recently answered a call to the tornado area near Columbia, rendering valuable assistance. She was a woman of high Christian character and fine mental attainments; her genial ways endeared her to all with whom she came in contact.

Mrs. Demarest (**Marguerite Connor**, class of 1921, Metropolitan Hospital School of Nursing, Welfare Island, New York), on May 24.

Grace A. O'Neil (class of 1919, Illinois Training School, Chicago), on May 23, at the home of her mother in Elgin, Ill.

Maude Pearson (class of 1893, Massachusetts General Hospital, Boston, Mass.), recently, at her home in Santa Barbara, Calif. After her graduation, Miss Pearson practiced her profession in Boston until her removal to Santa Barbara six years ago.

Anna Gertrude White (class of 1923, St. Francis Hospital School for Nurses, Hartford, Conn.), on June 20, at her home in Winston, Conn. Miss White was appointed to a responsible position in the hospital, in which she served faithfully until March, when she developed a heart condition from which she did not recover. Members of her class in uniform attended the funeral and acted as body guard.

Elizabeth Whitty (St. Joseph's Hospital, Chicago, Ill.), on May 2, at the Rhode Island Hospital, Providence, R. I., of general septicemia, after a long illness. Miss Whitty was industrial nurse at the Texas Oil Company, Providence, for several years.

BOOK REVIEWS

THE ETHICS OF OPIUM... By Ellen N. La Motte. The Century Company, New York. Price, $1.75.

Between the covers of this book Miss La Motte presents an amazing amount of amazing information. Presents it clearly, forcefully and convincingly. With the treachery, the throttling power of opium so plainly exposed before us we wonder how and why it has been permitted to grow so steadily and how the public at large could be so unaware of its wide-flung, vicious influence.

The day is long since past when the nursing profession was chiefly concerned with the care of the sick for today perhaps its richest service is in the field of preventing disease. Accordingly, this book of indisputable facts, facts about a grave menace to public health, assembled and presented in a comprehensive, authoritative manner is a book for nurses to read and ponder. Parenthetically, it is something for the profession to be proud of that one of its members, the author of this masterly work, has become an outstanding international authority upon this intricate international problem of drugs.

Miss La Motte goes straight to the root of the matter and points out that the solution lies in destroying this selfsame root—the surplus production of opium itself. "For the last four or five years," she tells us, "the United States has been gradually awakening to the fact that it has a drug problem—the consumption of vast amounts of habit forming drugs, peddled through underground channels. In Europe the same situation prevails. Laws prohibiting the sales of these drugs, except on medical prescription, exist only to be violated and evaded. The sellers of these drugs maintain their supplies at a constant high level and not only supply all demands, but manage to draw a steady stream of new victims into their net. If we are to look upon drug addiction as a disease we must also regard it as a preventable disease and one that is distributed so widely, so increasingly, that all those interested in public health must pause and consider. How can it be prevented? Not by our present laws, which, stringent as they are, can check *the circulation of drugs* but do nothing to diminish their production. The whole question of checking drug addiction, a preventable disease, resolves itself into preventing the surplus production of the crude drugs opium and coca leaves, from which the alkaloids, morphia, herion and cocaine are obtained. This reduction of output is an international question. It takes us at once into the field of "international grand politics. Unless we know something of this, the very root of the matter, we can only adopt, as at present, futile and palliative measures in dealing with a situation which calls for drastic and radical ones."

Nurses know nothing of the grand international politics but if they are to do their share in coping with this drug problem, which seriously threatens our public health, they must understand something of the reasons why the peddler is able to supply drugs in unlimited quantities to his customers all over the world. Miss La Motte describes how opium is sold openly in central Oriental colonies under European rule. In these colonies large portions of the revenue

are raised through drug traffic. That the selling of this poison results in the destruction of human beings seems to be overlooked. Since opium is sold openly in these government licensed shops to attract labor the production is kept at a high level in order to meet the demand. It is even higher than this licensed trade can dispose of and the balance of the output finds its way into the morphia factories of Europe and America. The output of these factories is far greater than is needed to supply the world's medical needs, hence a large part of the product gets into the illicit routes of trade. These yield handsome profits to the middleman and peddler.

Miss La Motte describes, from personal observation, the various colonies in the far East that reap golden profits from the licensed drug trade. Great Britain has six or eight such colonies; France has one; Portugal and Holland one each. The fatherlands derive from eight to fifty per cent. of their revenue from this traffic.

Like every other public health question, the remedy for the drug problem will be reached through public education, for in the last analysis the fight rests on moral grounds. It calls for the marshalling of a strong, well informed public opinion which will do away with a double standard of control—what Bishop Brent calls "protection at home and exploitation abroad." The Oriental is quite as much entitled to protection by Dangerous Drugs Acts as is the citizen of the United States. He not only is not protected, but for commercial reasons is apparently encouraged to use habit forming drugs.

The League of Nations is calling together in November, 1924, an international conference on opium and allied drugs. This conference may be expected to open up a stiff fight. Those nations with financial interests in the opium traffic will doubtless be lined up on one side to protect their interests. Opposed to them will be those who are interested in the preservation of health, promotion of public welfare, increase of economic efficiency, or who for purely moral reasons condemn the opium trade.

Persuasive arguments will be presented by both sides—but read Miss La Motte's intensely interesting book and form your own ideas about the significance of this issue.

CAROLYN CONANT VAN BLARCOM, R.N.

URINE EXAMINATION FOR STUDENTS OF PHARMACY AND NURSING. By Florin J. Amrhein, Ph.G., Ph.C. 201 Pages with Illustrations. W. B. Saunders Company, Philadelphia. Price, $2.00.

The purpose and scope of this book are indicated in the first paragraph of the preface. The author has had several years' experience in teaching this subject to students of Pharmacy and has felt the need of a manual which would present the more important chemical, microchemical, and microscopic methods of urinalysis in a compact manner.

The style is clear and concise; the tests are the generally accepted ones, and the explanations are brief and accurate. The arrangement of the material is good, although grouping apparatus and reagents in list form might facilitate the performance of the tests. The illustrations are especially well done and add greatly to the value of the book. The material covers the field well. All of the common, and most of the rarer methods are given.

This is decidedly a book which a technician can utilize as a laboratory guide. It is a practical book, and a very thorough one. However, it is not a suitable text for class room instruction in a school of nursing, as there are few nurse instructors qualified to teach the more important chemical and microchemical methods, nor is there sufficient time allowed in the curriculum for the teaching of more than simple routine tests. The directions for making up solutions and reagents are too sketchy for the average student of nursing who has had no experience in making up normal solutions. A change in nomenclature is a noticeable feature, "mils" being substituted for cubic centimeters, as this is the term used in Pharmacology.

ANNA L. GIBSON, R.N.

THE OPERATING ROOM. By the Staff of St. Mary's Hospital, Rochester, Minn. 165 pages. 144 illustrations. W. B. Saunders Co., Philadelphia. Price, $1.75.

Fundamentally, good Surgical Technique cannot vary, although methods and procedures may be modified to suit the requirements of an institution; minor details of technique established, their worth proven, they become the accepted standard.

Material for "The Operating Room" has been compiled with this thought in mind and, although we are clearly informed that the aim of the book is to provide a practical manual for the instruction of the nurses of the St. Mary's Training School, those of us interested in surgical nursing, more particularly operating room work, will find it of interest as it presents concisely the operating room routine as successfully established at St. Mary's Hospital.

The book gives us information concerning the arrangement and equipment of the operating rooms, these being described and illustrated; the preparation and sterilization of supplies; and the duties of the "sterile" and "non-sterile" nurses.

In sequence follows the preparation of the patient for various types of operations; this includes his position on the operating table, the method of skin sterilization, and the arrangement of sterile drapery. A complete list of instruments and suture material is given for each type of operation. The illustrations of all the instruments needed for the operations listed gives the book additional interest.

ESTHER OCHS, R.N.

FIRST STEPS IN ORGANIZING A HOSPITAL. By Joseph J. Weber, M.A. The Macmillan Company, New York. Price, $2.75.

This little handbook of 122 pages and appendix is "one of a series projected by the Modern Hospital Library." The opening chapter quotes statistics showing nearly 5000 per cent growth in hospital beds in this country during the past fifty years.

Several very important points are made which any group interested in the organization of a hospital board and the building of a hospital would do well to consider. Emphasis is very properly placed upon the necessity of first giving consideration to the hospital needs of the community and the most satisfactory site geographically for the erection of a hospital. In order that these ends

be served and that reasonable allowance be made for future expansion, it is recommended that an expert be employed to prepare "an orderly and scientific survey" and that this survey when placed in the hands of an experienced hospital architect and consultant would prove of invaluable assistance in the preparation of plans and estimates of probable cost and form the basis upon which to make an educational and financial appeal to the community for support.

We might perhaps question the practicability of some of the suggestions for determining the probable ratio of patients to population, but the necessity for such determination is scarcely open to debate.

The chapters on the organization of the Board of Trustees (with suggested Constitution, By-laws and special committees), a Medical Board and auxiliary boards should prove helpful to the uninitiated, but the recommendations concerning the establishment of a School of Nursing and Training School Committee are a bit hazy, and not very adequately treated.

AMY M. HILLIARD, R.N.

ETHICAL PRINCIPLES FOR THE CHARACTER OF A NURSE. By James M. Brogan, S.J. 126 pages. Bruce Publishing Company, Milwaukee, Wis. Price, $1.35. Reprinted from *Hospital Progress*, the official organ of the Catholic Hospital Association with a foreword by C. B. Moulinier, S.J.

THE ADVENTURES OF A PRIVATE NURSE. By Eva Riddock. The Scientific Press, Ltd., London. Price, 3/6 net.

A series of stories of private nursing in England, well told by a nurse with real perspective and a sense of humor.

FOR GIRLS AND THE MOTHERS OF GIRLS. By Mary G. Hood, M.D. 157 pages. Bobbs-Merrill Co., Indianapolis. Price, $1.50.

This is described as a Book for the Home and the School concerning the Beginnings of Life. It has admirably fulfilled this function for a number of years, and is still highly recommended by the American Social Hygiene Society and the National Health Library.

THE ANTIDIABETIC FUNCTIONS OF THE PANCREAS AND THE SUCCESSFUL ISOLATION OF THE ANTIDIABETIC HORMONE-INSULIN. By J. J. R. Macleod and F. G. Banting. 69 pages. C. V. Mosby Co., St. Louis. Price, $1.50.

Three lectures given on the Beaumont Foundation under the auspices of the Wayne County Medical Society, Detroit, Mich., by the discoverers of Insulin.

A SOURCE OF INFORMATION

The best thought and scientific findings on sex-social problems are readily available to every nurse through the services and publications of the AMERICAN SOCIAL HYGIENE ASSOCIATION. Much of the literature in this field, although widely advertised, is unsound and inaccurate. Careful selection of what to read, or to recommend, is important. Inquiries from nurses about any books, or problems pertaining to social hygiene, will be gladly answered by this Association. The Association maintains a well equipped library from which nurses may borrow books upon application, either in person or by mail. Address *American Social Hygiene Association*, 370 Seventh Avenue, New York.

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